Lectures

INTRODUCTORY TO THE STUDY OF DISEASES OF THE SKIN.

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LECTURE VI.

GENTLEMEN,—As so many affections of the skin occur in connexion with, if not in consequence of, the system being below par, *tonics*, and especially iron and arsenic, are very frequently indicated. With the exception, however, of *arsenic*, which is the great cutaneous tonic, it is unnecessary to point out the indications for their use, as these are the same as in the treatment of disease in general. There is much difference of opinion as to the use of arsenic; and while I am altogether opposed to those who are inclined to disparage its virtues, I am equally opposed to the view that almost all affections of the skin should be treated by means of it. At the present time I must content myself with a very few remarks, which, for the sake of brevity, I make in the form of aphorisms:—

1. Arsenic, judiciously administered, is as safe a medicine as any in the Pharmacopœia, and may often be continued for months without injury to the general health.

2. It often requires to be continued for many weeks, and sometimes the disease seems to resist its action for a considerable time, when all of a sudden improvement occurs, followed by a rapid cure.

3. It requires to be given in proportionately larger doses to children than to adults.

4. Infants may be subjected to its influence by administering it to their nurses.

5. The dose should be at first small, and not increased, as a rule, for some time. Then it may be gradually increased till the medicine disagrees, or till the disease begins to yield, when it may as gradually be diminished.

6. It should not be omitted altogether without very good reason, but may be tried in smaller doses or in another form, or omitted for a few days till the bad effects have passed off.

7. Puffiness of the face, or irritation of the eyes, or such-like physiological effects, if slight in degree, should not lead us to discontinue the medicine; indeed, it is sometimes only then that its beneficial action on the disease is observed.

8. It is decidedly contra-indicated in acute cases; and when its use is followed by marked increase of the irritation of the skin (itching, heat, &c.), the disease is probably not in a state to be benefited by it.

9. It is generally more rapidly effectual if the disease, though in a chronic state, is recent; and the first attacks yield more readily to it than subsequent ones, as a rule.

10. It is contra-indicated in most cases which are complicated with digestive derangement.

11. It is apt to produce bronchial catarrh, so that patients should be warned to avoid exposure to cold while taking it; and for this reason it is generally contra-indicated in persons labouring under bronchitis.

12. In exceptional cases it may be given with benefit in large doses, as in the following case.

On May 11th, 1861, I was sent for to the country for the purpose of seeing a little girl, aged about ten, who had been suffering for about three months from a papulated eczematous eruption, principally affecting the back. When I saw her she was confined to the sofa, and at that time her whole back, from the neck to the hips, presented an enormous ulcerated surface. The ulceration was quite superficial, and presented a slightly papulated aspect. It had all the appearance of a superficial ulcer from a burn which was gradually contracting and healing at the edges. At the margin, also, papules and vesicles, containing opaque serum, were detected. Papules were likewise scattered thinly over the body, but especially on the brow. From the surface of the sore semi-purulent matter was exuding. The little girl had been able to run about till within a week of the above date, since which time she had been confined to the sofa. Her general health was, however, good, except that she had suffered a little from the confinement and the irritation of the sore.

Dr. Robert Stewart, of Coatbridge, saw the patient with me, and we agreed that the sore should be dressed with cod-liver oil, and Fowler's solution administered in gradually increasing doses.

I am indebted to Dr. Stewart for acquainting me with the result of the treatment. In a letter dated October 22nd, 1861, he wrote:—"After you saw her she commenced with two drops of Fowler's solution three times a day. Each dose was increased by a drop each day, so that latterly she was taking thirteen drops of Fowler's solution three times a day, which had the most charming effect, and produced a decided cure. Altogether she must have taken, in the course of six or seven weeks, two and a half ounces of the solution. I saw her regularly, and there never was a bad symptom."

13. It should be given during meals, or immediately after food is taken, for if administered on an empty stomach it is apt to derange the digestive organs; and it is often better tolerated if given along with a bitter infusion.

14. It should not, as a rule, be entirely discontinued until some weeks have elapsed since the complete disappearance of the eruption.

15. There are few chronic diseases of the skin of constitutional origin—provided they are not syphilitic—which may not be benefited by it (although often other treatment is to be preferred to it), but it is especially valuable in psoriasis, pemphigus, lichen ruber, pityriasis rubra, and in many cases of eczema; unless contra-indicated as above.

The preparations which I am most in the habit of using are liquor arsenicalis (Fowler's solution), of which the medium dose for children is two, for adults five, minims thrice daily, and Asiatic pills, of which the following is a modified formula:—White arsenic, two grains; black pepper and glycyrrhiza powder, of each half a drachm; with a sufficient quantity of mucilage: divide into thirty-two pills, one to be taken two or three times a day after food.

Empyreumatic oils and their derivatives.—In former days tar water and tar pills appear to have been favourite remedies in the treatment of chronic diseases of the skin, but these, as is well known, have long ago fallen almost entirely into disrepute. Being struck, however, with the powerful influence of tarry preparations in the treatment of certain chronic affections when applied to the skin, and feeling convinced that their action is not a mere local one, being sure too that when a remedy has been at any time in favour with the profession there must be some foundation for its use, I determined to give them a trial.

The preparations which I have employed are pix mineralis (coal tar) and pix liquida (wood tar); and of these I prefer the latter, as being less likely to derange the digestive organs. The medicine should be given in treacle, or in the form of capsules; but on no account in the form of pills, as they are apt to become hard and consequently useless.* The dose is two or three minims thrice daily, and it may be gradually increased to twenty if necessary. If the digestive organs are in good order and the bowels free, and if too large a dose is not given at the outset, the medicine agrees perfectly. It is useful in cases of chronic psoriasis implicating a large extent of surface; also in cases of chronic eczema, especially if associated with chronic catarrh of the stomach or bowels, or with chronic bronchitis,—morbid conditions which it sometimes modifies or removes entirely.

A young lady, aged about twenty-six, of good constitution, consulted me on the 15th July, 1867, on account of an attack of the so-called acne rosacea, of many months' duration, and implicating the whole of the face, which was of a deep crimson tint; she had also a few spots of psoriasis upon her brow and one upon her knee. An arsenical course had been prescribed for her two years before, on account of the psoriasis, by Mr. Erasmus Wilson, and she had continued to take it ever since on her own responsibility, for she found that whenever she stopped it the psoriasis reappeared. The

* The capsules are prepared for me by Mr. Robert T. Dun, 288, Argyle-street, Glasgow.

arsenic was now discontinued; a tonic aperient mixture was given, and an ointment of rumex and sulphur (ante) prescribed for the face. On the 30th August the psoriasis was very decidedly on the increase, and she desired to resume the arsenic. Instead of this, however, she was ordered to take the pix liquida in capsules; at first in three-, gradually increased to fifteen-minim doses, thrice daily. On Oct. 8th, when I next saw her, the tendency to the aggravation of psoriasis had been completely checked; and on the 10th December the eruption had almost disappeared, while the face had resumed its normal appearance. The cure of the acne rosacea was no doubt due in part to the use of the ointment; but the psoriasis was checked by the pix liquida, as no outward treatment was resorted to for it. Moreover she found that whenever she stopped the tar, just as in the case of the arsenic, the psoriasis tended to return; and, seeing that her health was perfect in every respect, and that she suffered no inconvenience from the use of the capsules, I allowed her to continue them, and for all I know she may be doing so yet.

In this case the pix liquida, like the arsenic, only kept the disease in check, but then it was a very chronic and exceedingly inveterate one. Did time permit, I could relate other cases in which pix liquida was more speedily and more permanently effectual; but I have selected this one as it appears to me to be very instructive.

Within the last two years, encouraged by the results of the tar treatment, I have tried, on an extensive scale, the internal administration of *carbolic acid*, which, as might be expected, is indicated in the same class of cases as the tar preparations. I prescribe it in doses of from three to ten grains thrice daily, and usually in the following form:—Crystallised carbolic acid, three drachms; glycerine, one ounce; distilled water to six ounces: a teaspoonful in a large wineglassful of water thrice daily, some time before food.

If the same precautions are observed as in the case of the tar the remedy never disagrees, although transient giddiness is sometimes complained of a minute or two after it is taken, especially after the morning dose. If no improvement takes place within two or three weeks, it generally does not succeed, or at all events not without increasing the dose; but a slight aggravation of the eruption for a few days after the medicine is commenced is by no means an unfavourable symptom.

Carbolic acid is especially useful in cases of chronic psoriasis, and not unfrequently I have succeeded in removing the eruption after a fair trial of arsenic, although, on the whole, it is not so useful as the latter. Those, however, who have much to do with the treatment of psoriasis cannot but consider it a great boon that another remedy has been added to the very limited list of internal medicines which are capable of modifying that most obstinate disease.

The following cases—and I could quote many others—may prove interesting in connexion with the preceding remarks.

CASE 1. *Psoriasis.*—Mary G——, aged nine, school-girl, was admitted to the Glasgow Skin Dispensary on Jan. 4th, 1869. Her mother stated that before the appearance of the eruption, which occurred six weeks previous to her visit, she was not at all in good health, but that immediately thereafter she recovered completely.

Appearances on admission.—The left leg was thickly covered with spots, which were, for the most part, the size and shape of a florin. The left thigh also was the seat of numerous spots, varying in size from that of a pea to that of a shilling. The nates were studded with them, and these for the most part were the size of peas. The extensor surfaces of the arms were covered with spots about the size of a sixpence, whilst very few were found on the flexor surfaces. A few small spots were seen on the right cheek. All the patches were circular in form; the larger ones presented a pinkish tint, while the smaller were covered with typical silvery scales. The eruption was extending rapidly, but was not in the least degree itchy. Ordered the following mixture:—Crystallised carbolic acid, one drachm and a half; glycerine, a sufficient quantity; distilled water to six ounces: a teaspoonful in a wineglassful of water, three times a day, on an empty stomach.

The following reports of the subsequent progress of the case were taken:—

Jan. 18th, 1869.—For a few days after the medicine was commenced the eruption *hacked* more, was stiffer and more painful. Since then it has become less red, and the scales are falling off very rapidly. Medicine agrees, "and she is eating much more."

Feb. 1st.—Continue, as medicine agrees. Eruption becoming paler and less scaly, and no new spots.

18th.—Mother says she never improved so much as she has done the last fortnight. Very little to be seen now, except the stains of previous eruption.

This patient did not return.

CASES 2 & 3. *Psoriasis.*—Agnes L——, aged fifteen, factory girl, was admitted to the Glasgow Skin Dispensary on Dec. 14th, 1868. The first outbreak, which commenced immediately after an attack of scarlet fever six years previous to admission, covered almost the whole body, and got well under medical advice. The attack on account of which she came to the dispensary was of four weeks' duration, and commenced upon the elbows.

Appearances on admission.—On the right elbow there was a round patch about the size of a florin, covered with silvery scales; while numerous small spots of the same character, and varying in size from a pin's head to that of a pea, were scattered over the forearm. The left arm was similarly affected, but the patch on the left elbow was much larger, being about three inches long and half an inch broad. On the right knee was a patch about the size of a half-crown, and numerous spots about the size of a split-pea were scattered over the leg, all of which were covered with silvery scales. The same appearances were observed on the left knee and leg. The eruption was increasing rapidly, and was very itchy. Her general health was good. Ordered, seventy-two grains of crystallised carbolic acid in twenty-four ounces of distilled water; a tablespoonful in a wineglassful of water three times a day, on an empty stomach.

As her sister Ann, aged seventeen, was reported to have the same disease and to be otherwise in good health, the same medicine was prescribed for her, and a message was sent to her to come to the dispensary the following week.

The following were the subsequent reports taken:—

Dec. 28th, 1868.—In both the above cases the spots came out more rapidly for the first week, but none since; and the old spots and patches are beginning to disappear.

Jan. 11th, 1869.—Improvement very marked, especially in Agnes.

Feb. 8th.—Very great improvement in the case of Agnes since last visit. Decided improvement in the case of Ann, although not so marked; therefore let Ann increase the dose to a tablespoonful and a half.

March 17th.—Agnes all but cured. Ann very greatly better, and disease progressing rapidly towards a cure under the increased dose.

These patients did not return.

(Reported by Mr. J. D. Walker.)

CASE 4. *Psoriasis.*—A lady aged about thirty-five, who had undergone much anxiety and fatigue in nursing a sick child, was attacked for the first time by psoriasis. The patches, on an average about the size of florins, were of a dusky red tint, but not scaly. They were very numerous, especially upon the arms and legs. She felt weakly, and was incapable of much exertion, and the feeling of fatigue and lassitude was very marked at times; otherwise her health was good. She was subjected to an arsenical course by her medical attendant, but without benefit. She then consulted me, when, the arsenical course having failed, four grains of carbolic acid in solution thrice daily was prescribed. There was immediate improvement. The feeling of lassitude and exhaustion diminished, the eruption began to fade, and in a few weeks she was quite well.

FURTHER REMARKS ON THE USE OF THE SELF-RETAINING WINGED INDIA-RUBBER CATHETER.

BY BARNARD HOLT, F.R.C.S.,
SENIOR SURGEON TO THE WESTMINSTER HOSPITAL.

AN enlarged experience in the use of the self-retaining india-rubber catheter confirms the opinion I had previously formed—viz., that, with certain precautions, particulars of which will be now enumerated, the catheter will confer upon

the majority of those requiring it an incalculable benefit, and be the means of placing the patient in comparative comfort. The cases in which it is especially serviceable are —atony of the bladder; enlarged prostate, necessitating the frequent introduction of the catheter; retention from over-distension of the bladder; stricture with daily retention; and in diseases or injuries of the spinal cord where either retention or incontinence ensues. Where, however, the bladder is irritable, and the patient especially nervous, it cannot be borne.

Mr. —— was brought to me by his brother, a surgeon in the suburbs, suffering apparently from irritable bladder. The urine was passed every half hour, in small quantities, and with much straining. He had never suffered from stricture, and for many months his frequency had been gradually increasing. His health was materially damaged, and his sufferings very great. I desired him to pass as much water as he could, and I then introduced a No. 10 catheter with great ease, and drew off two pints of offensive urine. The case was at once clear,—atony of the bladder and retained urine. Not having an india-rubber catheter, he was requested to come in two days. In the meantime an ordinary catheter had been used, but its introduction was effected with difficulty, causing much suffering and considerable hæmorrhage. On his next visit I passed the india-rubber catheter, and gave directions that the bladder should be washed out twice daily. He continued to wear the catheter for a month, when it was removed, washed, and replaced; and he is now so far improved in health that his brother writes me,—"My brother has tranquil nights, a good appetite, pulse soft and regular, tongue clean, and he has now free command over the bladder. The catheter is still retained."

Colonel M——, who had for many years suffered from stricture, consulted me for continued retention. He was compelled to introduce his catheter twice a day; and in the intervening times could only pass water by a great effort and much straining. His nights were restless, appetite bad, and he had lost nearly 2 st. in weight. I enlarged the urethra, and introduced the india-rubber catheter; and in a week he returned to Scotland, very much improved in health, and in comfort so far as the bladder was concerned. After wearing the catheter for a month, he wrote me: "I wore the catheter for a month with comparatively little inconvenience, and when I removed it I was able to introduce No. 10 with ease. When I examined the catheter, there was nothing on it excepting a little white, slimy mucus."

I was requested to visit a gentleman in Essex, who, from enlargement of the prostate, was obliged to pass his catheter every three hours. The urethra was very sore, and the frequent introduction gave him great pain. Not having a size that suited his urethra, I was obliged to introduce a larger india-rubber one than I otherwise should have done. The urine flowed freely; but the retention of the catheter produced more pain than in any of my former cases. He continued to wear it for more than three weeks; but the bladder not having been regularly washed out, there was found on the end of the catheter upon its removal a considerable coating of phosphates. The extraction gave considerable pain, and he declined to have another introduced.

Mr. H——, a surgeon in Hampshire, had long suffered from stricture of the urethra. Two years since I enlarged the canal so that it would admit a No. 10. He, however, had latterly neglected the after-treatment; and three weeks previous to my seeing him he had retention of urine, although the urethra would admit a No. 7. The retention recurred every day, and the urethra was especially sore and irritable. I introduced a No. 6 india-rubber, and sent him to the country, with directions to inject the bladder three times a day. He wore the catheter with perfect ease, and continued his ordinary professional avocations for five days, when it was removed. There was not any deposit on the catheter.

For the purpose of ascertaining whether the wings were sufficiently strong to retain a small catheter in a large urethra, I passed one of the smaller instruments upon the patient who is at present an inmate of the hospital, and whose case has been previously alluded to, but it would not remain; and extended experience has shown me that in old persons, where the urethra is very capacious, it is necessary to use a catheter of a larger size, and one with the wings of greater substance, than those recently manufactured. By an error on the part of my dresser I was made acquainted with the necessity of frequently injecting the bladder with a weak hydrochloric acid solution (one drachm of strong hydrochloric acid to a pint of water), for the purpose of preventing any incrustation on the catheter: he omitted to wash out the bladder for eight days, and when the catheter was removed it was covered with phosphates. The catheter was now washed and re-introduced, with strict directions to inject three times a day. It was again removed after eight days' retention, and was free from deposit,—so far proving that, by carefully injecting, phosphatic deposit may be prevented.

The above cases are quite sufficient to prove that the india-rubber catheter may be worn with less inconvenience than any other, and that where the bladder is frequently injected with weak hydrochloric acid solution the end may generally be kept free from phosphatic deposit. It is applicable to all cases where urine is retained in the bladder. It is very useful in cases of frequent (daily) retention of urine from stricture and other causes. It may be worn without removal for a considerable time, provided the bladder is regularly injected; but I recommend that at first it should be removed every fourth or fifth day until the tendency to deposit is accurately ascertained; and the time of retention should be very gradually increased.

The frequency with which the urine requires to be removed depends upon the capacity of the bladder, its irritability, and the nervousness of the patient; the periods vary from two to five hours. In most cases the bladder is at first slightly irritable.

The catheter is now made in two sizes; the india-rubber is as thin as is consistent with safety, and the rings are flexible and strong. The woodcuts show (Fig. 1) the catheter

FIG. 1.

without a stilet, and (Fig. 2) the catheter stretched upon the stilet, and fastened to the handle ready for introduction, and it is effected as follows:—

Suppose the catheter a No. 8 guage: insert the stilet and

FIG. 2.

draw the india-rubber upon it towards the handle, until the size of the catheter is reduced to a No. 4. Fix it in that situation by tying a piece of string immediately in front of the puckered portion, and fasten it to the hole in the handle. Thus the calibre of the catheter is reduced one-half, and will easily enter the bladder. The string may

now be untied, and the catheter will resume its ordinary size. Where the urethra is sufficiently capacious, the catheter, previous to being used, may be passed into a No. 12 silver catheter, having an opening *at the end*, and when in the bladder the silver catheter may be withdrawn, and the india-rubber one be left.

Mr. Baker, the surgical instrument maker, of High Holborn, has now a large supply of catheters ready for use.

Savile-row, W., May, 1870.

ON THE

PROGRESS OF DISPENSARIES IN INDIA.

BY SURGEON-MAJOR THOMAS FARQUHAR,
BENGAL MEDICAL SERVICE.

A REVIEW of the progress of dispensaries in India, since their recognition by the State about 1840, up to the date of the latest report, in 1867, is perhaps one of the most satisfactory connected with the British government in the East.

English medical officers, while holding civil or military charges in cantonments, had for a long time afforded what relief was in their power to the native sick who came to them for advice from the neighbouring districts. In many instances the surgeon prescribed for them at his own house, on returning from his other work, or at the regimental or gaol hospitals, where he could command the assistance of native doctors, or other servants attached to these institutions. The distance of cantonments, however, from the neighbouring town or villages rendered it difficult for the sick to attend, and more or less inconvenient for all concerned. In some of the larger stations, assisted by civil and military European officers, surgeons were able to get up small "charity hospitals" in convenient places, where they prescribed for numerous "out-door" sick, and admitted a few as in-door patients.

About the year 1840 Government, recognising the good done to the people of India by such means, determined on organising these independent efforts, and on affording such necessary aid to medical officers as would greatly facilitate the working of civil hospitals. Fortunately, at this time the lately established medical colleges at the Presidencies were able to supply a few young men, educated in European medicine. These native graduates in medicine, with the title of "sub-assistant surgeons," were sent to some of the principal stations, and placed in charge of dispensaries, under the superintendence of an English surgeon. The number of native sick that crowded to these institutions thus organised was most gratifying; and, as the results became known, still greater interest was taken in dispensary work by Government. The applications of district and medical officers in other stations for Government assistance, in the shape of medicines and surgical, instruments were more and more attended to, but under the wholesome condition that local funds should be forthcoming, as a material guarantee of the interest felt by the community generally in the establishment of dispensaries.

The consequence has been that within the last thirty years the dispensaries in India, which in 1840–42 numbered twenty-two—that is, in Bengal 14, and in Madras 8 (there is no such early report from Bombay available)—have gradually increased year by year till they are returned for the year 1867–8 as amounting to an aggregate of 493—that is, for Bengal 425, and in Madras 68.

As might be expected, the number of sick reported as attending these numerous institutions has greatly increased also. Thus they were, for Madras and Bengal,—

In 1841-2:	
In-door patients	3,693
Out-door patients	96,573
In 1867-68:	
In-door patients	83,013
Out-door patients	1,787,743
For Bombay	305,170
Giving an aggregate total for the two years—	
1841-42	100,266
1867-68	2,175,926

These statements are taken from the annual reports of the local governments, and speak for themselves. There may be exaggerations in some of the returns forwarded by the dispensaries in districts not immediately under European supervision; but, allowing for these, the increase of in-door patients, and of the numbers treated as out-door patients, is very great.

Next as regards the maintenance of these dispensaries. It was at first considered useless to ask natives of India to subscribe to our English dispensaries, so the whole burden of their support fell on Government and European charity. They were even bitterly opposed at their commencement by the higher classes of natives, who used various means to hinder their success and prevent the sick from resorting to them. In the earlier reports this hostility is frequently referred to, and stories told of agents (as at Delhi) being employed to turn away the sick from the very door of the hospital. The superstition of the people, and their caste prejudices especially, were acted on, in many cases successfully, by saying that oil from human bodies, got by roasting children head downwards over a fire, and powdered human bones, were employed in English medicine, &c. It was given out, too, that it injured caste even to take medicine from the dispensary, and that all hopes of a "better state" were lost by dying in one of our hospitals. The principal agents in this hostility were the Brahmins and native physicians, both of whom suffered materially from any interference with the sick. The charity of the people had ceased to flow in the direction of hospitals for the sick since the times of the Buddhists, who had set such institutions up in several parts of the country. Their successors, the Brahmins, on driving these their rivals in superstition out of the plains of India, suppressed these institutions, and turned the tide of charitable contributions towards themselves, teaching that nothing could be more pleasing to God or better for the sick than feeding and caring for the heaven-born Brahmin. No wonder, then, that at first no subscriptions were forthcoming from the natives to help these English dispensaries.

It was, indeed, no easy matter, under these circumstances, for the English physician to fight through the prejudices of Hindooism and the hostility of interested classes; but a persevering purpose to do good, and a desire to rescue the native sufferer from the oppression of priestcraft and the antiquated practice of native physicians, impelled him to work. In this he was greatly encouraged by the sympathy of local governments and of the English community generally, who, as a rule, gave him every encouragement. Lately, however, the attention of the educated natives has been turned to these hospitals for the sick, and we now see a few of the rich contributing voluntarily and liberally to their support. The whole of the amount yearly subscribed by the natives cannot, however, be said to be the result of spontaneous charity, for money is often notoriously given to please the "sahib" or magistrate, who, naturally or officially, is required to interest himself in the amount of local support contributed.

As was said before, the whole of the expense of the institutions was at first borne by Government. In Bengal the sum paid during the first year of their existence was £3416. This gradually rose by little and little each year, as success increased, till the sum expended on charity hospitals in 1867–8 amounted in Bengal and Madras together to the large sum of £98,434. Of this Government contributed £41,446, while £56,988 was paid, one half from local funds, and the other half was received as subscriptions from European and native gentlemen, the greater part of which was from the latter.

Besides this, eleven dispensaries in Bengal proper, and some in the Upper Provinces, are supported entirely by native gentlemen; while in Bombay and Madras, particularly the former, some handsome endowments have been made over to hospitals. These last especially are encouraging proofs of the good being done by these institutions. But a still more important proof of the work they are doing is the attitude lately assumed by the native physicians towards the medical practice of the West. Foiled in their opposition to dispensaries by the force of public opinion, which the crowds attending our hospitals display, they have, very sensibly, begun to send their sons to our medical schools. This is undoubtedly one of the most desirable results of the great extension of dispensaries,

for a limit must no doubt be reached in the Government expenditure in this direction, and the great body of the people can only be reached by their own native physicians. It would be well if this movement of the Hakeems were watched and fostered, and some plan originated by which the medical practitioners of India should form themselves into societies, or guilds, for the advancement of medical science and the establishment of medical schools for the granting of diplomas, as in Europe.

What has contributed most to the increase of attendance at our dispensaries in India is the success of our surgical operations, the fame of which has spread far and wide through the country. Ignorant of anatomy, the native surgeon dare not put his knife under the skin without the dread of fatal hæmorrhage; and, as late as the time of the last Serkh war, they had adopted no better mode of staying the flow of blood from an amputated limb than by thrusting it into boiling oil. There were many who believed that the Hindoo would suffer anything rather than submit to the knife. Now, however, that chloroform has been introduced, this dread has been greatly removed; and from the records of the North-West Provinces alone we find that, in 1867, 3832 capital or important operations, and 41,090 minor operations, were performed during the year. This very large number of operations must have been a means of relief from suffering that cannot but have told favourably on the people. The Medical Service, too, is itself greatly benefited by the professional experience thus gained, for through this large amount of surgical practice material help is afforded in maintaining the efficiency of army surgeons for service in the field. Politically speaking, the benefits yearly experienced by about 2,000,000 of the people of India from institutions of this benevolent character, established and supported by the English Government, must be of no small importance in retaining the good will of the people. The Medical Service, too, may be glad when it looks on this, the fruit of labours voluntarily undertaken during leisure hours, and directed to the relief of the suffering poor.

April, 1870.

CLINICAL REMARKS
ON
REDUCING FALSE POSTURES IN ACUTE HIP DISEASE.

BY RICHARD BARWELL, F.R.C.S.,
SURGEON TO CHARING-CROSS HOSPITAL.

LET me again call your attention, gentlemen, to this case (E. N——, aged eleven years). You saw me examine it on Wednesday, March 29th, 1870. She was suffering all the tortures of acute hip disease. The affected thigh (the right) was drawn up and adducted; it lay at an acute angle with the trunk across the other limb, and she could not bear it to be touched. The child was suffering such intense pain, especially at night, that the nurse had to move her every twenty minutes or half hour; and, in spite of full doses of opium, she hardly slept at all.

On Saturday, April 2nd, an anæsthetic (bichloride of methyle) was administered; the thigh was straightened on the trunk, slightly abducted, and one of my extension splints applied. Now look at her; without opium she has slept well both nights since the reduction of the malposture. She has lost all anxious expression of face. Her appetite, which was very bad two days ago, is now returning.

I do not claim this method as new or as my own. It was introduced by Bonnet, of Lyons, and has been employed by Bauer and Lewis Sayre, of New York; and I myself have largely and successfully employed it.

I cannot predict for you in all cases an effect so sudden and brilliant. The most marked advantage accrues in those patients who, after a short period of chronic malady, suffer an acute and violent access of inflammation; who lie awake flushed and anxious, and who guard you from touching the contracted limb with gestures of trembling fear. The less acute attacks also yield, but more slowly. To other cases you may be called too late to give the treatment a fair chance, and a small proportion of diseases will continue their destructive course in spite of this and every means that surgery can apply; but by far the larger number of cases, taken early enough, will be by this means advanced towards recovery further than anyone who has not tried it would imagine. And this can certainly be said, that you will have put your patient into the best possible road to recovery; and when that recovery takes place, the limb will be in a proper position for walking, not drawn up or bent, and probably but very little shortened.

The case you have before you is an example: it was running its course rapidly; in the then posture of the thigh dislocation was highly probable, abscess in the joint certain. Now I can promise, unless some intercurrent disease or other unforeseen circumstance arise, recovery, and that probably with scarcely any lameness.

May 9th.—The good promise of this case has hitherto been verified.

ON A NEW TEST FOR ALBUMEN.

BY CHAS. MEYMOTT TIDY, M.B.,
JOINT LECTURER ON CHEMISTRY AT THE LONDON HOSPITAL.

THE importance of detecting the presence of a minute trace of albumen in the urine must be my apology for proposing another test, which I am disposed to regard as more delicate than any I have ever tried. It may be that I have practised it more and know its peculiarities better than other tests. I do not propose it as likely to take the place of nitric acid, because it can be so easily obtained, and for all practical purposes shows a sufficiently marked reaction, especially when used in the manner proposed by Dr. Andrew Clark, of floating the urine on the acid, and noting the white layer of coagulated albumen where the two liquids join. I merely venture to propose my test as an exceedingly delicate confirmatory one, and likely, I hope, to be of some service where other tests leave a doubt as to the presence or absence of albumen. I may just say that it first occurred to me in the course of a long series of experiments I am now engaged upon respecting the action of various reagents upon the proximate principles of living matter.

The first method I adopted was a mixture of glacial acetic and carbolic acids. I still think this gives satisfactory results, but its preparation requires care. If there is too little acetic acid, the carbolic acid is not thoroughly dissolved when added to the urine, and this renders the liquid slightly opalescent, which appearance might be mistaken for a trace of albumen. If too much acetic acid is added, then the excess will redissolve the albumen. The plan I adopt is as follows: I mix equal volumes of the two acids, and then see whether, on adding this to a little water in a test tube, the liquid, after being well shaken, becomes perfectly clear. As a rule, I find this proportion is about correct; but if it does not become clear, I then add a little more acetic acid, trying it after each addition, until the desired point is reached.

The second plan I have to propose, and which has its advantages, is as follows:—Add to the liquid to be examined in a test-tube ten minims of alcohol (I employ it with a specific gravity of 0·805), shake thoroughly, but *gently*, so as to avoid the production of froth. Then drop in the same quantity of carbolic acid, and shake very thoroughly. Allow it to stand for a minute; and if the merest trace of albumen is present, distinct flocculi will be seen floating in the liquid. The alcohol and carbolic acid may be kept mixed, although I think it is more delicate when the experiment is made by dropping them in separately.

Respecting its delicacy, I may say that I can obtain distinct reactions with quantities of albumen that are undiscoverable by nitric acid, or heat and nitric acid. Distinct flocculi may be noticed with a solution of 1 part of albumen in 15,000 of water; whereas 1 in 8000 is the smallest quantity discoverable by nitric acid.

I may suggest, that if we are testing urine that contains such a small quantity as I have named, it will be necessary, in all probability, to filter it before applying the test; but of course this is not required, as a rule.

I will just add, that I have not as yet found anything in urine that will give this reaction with the test I have proposed, except albumen.

Cambridge-heath, Hackney, April, 1870.

DESCRIPTION OF TWO NEW VAGINAL SPECULA.

BY ALFRED MEADOWS, M.D.,

PHYSICIAN TO THE HOSPITAL FOR WOMEN, AND TO THE GENERAL LYING-IN HOSPITAL.

THERE is an old and trite saying that "seeing is believing"; and, in a realistic age like the present, it might almost be said that not seeing is not believing. Undesirable, however, as this may be as a maxim of general acceptation, there can be no doubt that, in medical matters at least, the advance of therapeutics as an exact science, which is the aim and object of all medical inquiry, is largely indebted, especially of late years, to the application of physical methods of examination to the investigation of disease. The school or party that essayed to decry this mode of inquiry in the case of the diseases of women, because, forsooth, it was supposed to be indelicate, is fast dying out, if it be not already dead. This is only what might be expected; for the obvious benefit which has accrued to suffering humanity in the greater exactness of diagnosis resulting directly from an improved method of examination, was certain to defeat all unreasoning opposition. Far be it from me to advocate any unnecessary resort to physical examination in these diseases. I would be among the first to lift up my voice against such a practice; but, on the other hand, I know too well what mistakes are made for want of such examination intelligibly conducted, and what help therapeutics derives from it. Therefore it is that I am anxious to perfect this method of inquiry, so that, when it is necessary, and we are really obliged to resort to it, we may not seek in vain; and I am sure that there is nothing which will help on the work better than that we should have at hand the best possible instrument for our purpose.

With this object in view, I have sought to improve the specula which we have in use; so that what we want to see we may see perfectly, and with as little discomfort to the patient as possible. There are, it appears to me, three chief requisites in a speculum, whether it be for the vagina or rectum. They are: first, that when applied it should bring into view as much as possible of the parts we wish to examine; secondly, that it should be easy of application; and, thirdly, that the parts brought into view should be illuminated as far as may be by the reflecting surface of the instrument.

Now, it is obvious that the last requirement is not equal in importance to the other two; nor is the second equal to the first, though, in my judgment, it is of great moment. In regard to the third condition, it should be borne in mind that, if any given instrument fails in this respect, the deficiency can easily be made up by other means; as, for instance, by a lamp and a mirror, or by so placing the patient as that the natural light of day may be transmitted directly along the vagina. But if our instrument fails in regard to either of the two other conditions, the defect is so far fatal to its utility.

IN THE LANCET of last year (vol. i., p. 125) I described a modification of the ordinary bivalve speculum, which, as I then thought, fulfilled these conditions better than any other instrument with which I was acquainted. That speculum I have constantly used since with great satisfaction, but still it did not seem to me as perfect as it might be, judged by the standard of requirements given above. Cases are constantly occurring in which we require to see more than can be seen even by that instrument. Accordingly I had a speculum made somewhat similar to that in regard to the posterior and two small blades, but minus the anterior blade; and I found that with this instrument (which is here represented—Fig. 1 closed, Fig. 2 open) I could see quite as well all that I saw before, and a great deal more; for the surface which was previously covered by the anterior blade was now exposed to view: in short, not only could I see the cervix uteri and parts around, but almost the whole vagina, except a portion of its posterior aspect which was covered by the back blade. I had lost, no doubt, somewhat of reflecting surface, but I had gained largely in extent of view; and the parts brought within range of sight I could easily light up by other means.

FIG. 1.

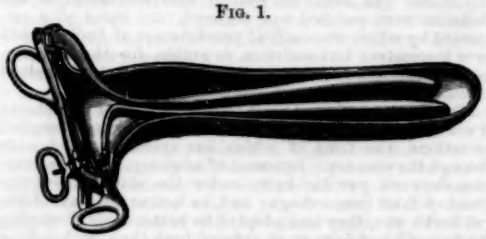
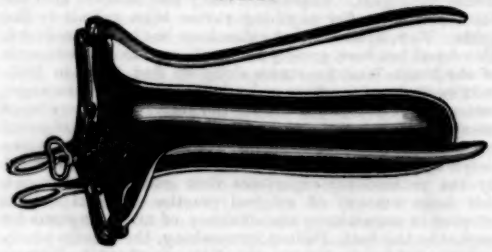


FIG. 2.



Further consideration induced me to try yet another step in the same direction. It appeared to me that if I could spare the anterior blade with the gain already alluded to, probably I might be able to dispense also with the posterior blade and gain similarly on the corresponding side of the vagina. Nor was I disappointed in my expectation; for with the instrument represented in Fig. 3 (closed) and

FIG. 3.

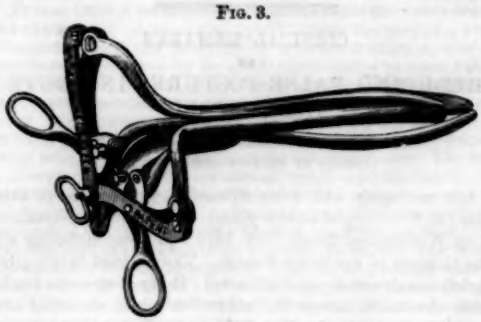


FIG. 4.

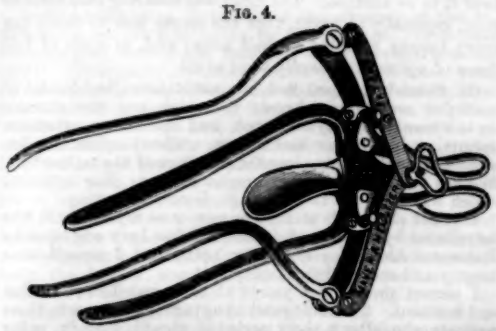


Fig. 4 (open), which is composed of four narrow blades, I can now see almost the whole vaginal surface, as well as the cervix uteri and parts around. Thus what I regard as the first requisite in a speculum is here perfectly fulfilled in this instrument. Not only so, but the second condition also—facility of application—is met more completely in this than in any other speculum. Fig. 3 shows the instrument

closed; and the space which these four blades occupy is considerably less than even the very smallest-sized Ferguson speculum, while at the same time it admits of the blades being expanded to an extent equal to the capacity of almost any vagina.

There are two other great advantages possessed by these instruments which I ought to mention. In the first place, they admit of a digital examination being made simultaneously with the specular. And, secondly, especially with the four-bladed instrument, a variety of operations, including those for vesico- and recto-vaginal fistula, can be performed without the help of an assistant in holding the speculum, with a far better view of the parts concerned, and therefore with more ease to the operator.

It might be urged as objections to these instruments—first, that by the loss of so much reflecting surface inspection would be difficult for want of light; and, secondly, that between the blades the vaginal folds are liable to collapse, and so to obstruct the view. The first of these objections I have already anticipated. Proper management can easily obviate it, and, after all, the defect is not nearly so great as might at first sight be supposed; for in the four blades we have a total amount of reflecting surface very little short of the ordinary speculum of Bozeman or Sims. Moreover, in the small posterior coccygeal blade, which I have added for the purpose of keeping back the coccyx, as this otherwise interfered with the view, we gain still more of reflecting surface just at the part where the rays of light may be made available. As to the collapse of the vagina between the blades, I can only, in reply, oppose fact to imagination, for in practice the objection certainly does not exist.

In conclusion, I suppose that the drawings will explain themselves. Fig. 1 shows the three-bladed instrument closed. The two small side blades fall easily within the larger blade, making it very easy of introduction; while compression of the two handles together simultaneously expands the blades, as is shown in Fig. 2, thus separating the vaginal walls, and exposing them and the cervix uteri to view. Fig. 3 shows the four-, or perhaps I might rather call it the five-bladed instrument, closed for introduction; and no speculum can glide in more easily than it does. Fig. 4 represents the blades expanded, and the extent of surface thus exposed to view can be readily appreciated. The blades all open simultaneously by approximating the handles, as is shown in the drawing; they also collapse together for the purpose of withdrawal. In each instrument there is a small screw, by means of which the blades can be fixed at any point of expansion we may desire, and the instrument will then maintain its position in the vagina without being held there, thus freeing both hands of the operator for any further proceeding which may be required.

I may add that the principle of the latter instrument is equally applicable to the rectum as to the vagina, and it appears to me to be as useful either for inspection or for operation. On this point, however, I have no experience, and must leave that for others to determine.

George-street, Hanover-square, May, 1870.

ON THE HYDRATE OF CHLORAL.

By J. C. OGILVIE WILL, M.D.

J. M——, suffering from severe facial neuralgia, brought on by exposure for six hours in an open boat after the sinking of the S.S. *Gambia*, applied for advice on the 28th of January. An eighth of a grain of morphia was injected subcutaneously at the site of the pain; immediate relief was experienced. He was also ordered to take a pill containing quinine, cannabis, and belladonna, one before an exacerbation was expected. The pain returned at the same hour as it had done for some days previous, when the hypodermic injection of morphia was again practised; after which he slept for a short time. The same treatment was employed during the four following days, when, as he was complaining much of want of rest, a draught containing twenty-five grains of hydrate of chloral was administered. In less than seven minutes he fell into a calm slumber, which lasted for eight hours; and in the morning expressed himself to be better in every way. The chloral was repeated each night till the patient was convalescent, with a like favourable result. I may add, that the inhalation of nitrite of amyl, which I have found useful in cases similar to this, was also tried, but produced only momentary relief.

In another most distressing case of neuralgia, where hypodermic injections of morphia and atropine, bromide of potassium in drachm doses, and opium in large quantities failed to induce sleep, a draught, containing a drachm of chloral, was ordered, half to be taken. This also failed; but, on the second half being given fifteen minutes after, five minutes later the patient was sound asleep, and did not awake for seven hours. On the following night a drachm was given; sleep followed immediately, but was not of so long duration as on the former occasion. For the ten following nights, two drachms were given; sleep invariably came on within five or six minutes, its duration varying from eight to twelve hours, and the patient awoke on every occasion without experiencing any of the unpleasant after-effects some have ascribed to this drug. On one occasion, on entering his room, I was much struck with the strong odour characteristic of chloral with which the air of the apartment was loaded. On examination, I found that it proceeded from his breath. This patient, so far as I can ascertain, is not in the habit of consuming much alcohol, and yet the dose required was much larger than I have found necessary in some cases of nervous excitement following fits of drinking. This is contrary to the experience of some, who state that the dose of chloral should be in proportion to the amount of alcohol the patient is in the habit of imbibing.

In several cases of bronchitis where insomnia, from the severity of the cough, had been a constant and most distressing symptom, chloral, in quantities varying from thirty grains to a drachm, has proved invaluable; the patients sleeping for seven or eight hours, and in the morning having only an indistinct remembrance of having coughed during the night.

In whooping-cough chloral has not proved a very efficient weapon in my hands; but in some other diseases of infancy, as in some varieties of convulsions, more especially those arising from irritability during teething, in small doses (four grains for a child eight months old) it has had excellent effects.

My appreciation of chloral, from a pretty large experience of it, is, that when a hypnotic is indicated, we possess in it an efficient and safe one—more certain than bromide of potassium, and without the unpleasant after-effects of opium and its preparations.

Aberdeen, March 19th, 1870.

ON A NEW ARTERY FORCEPS.

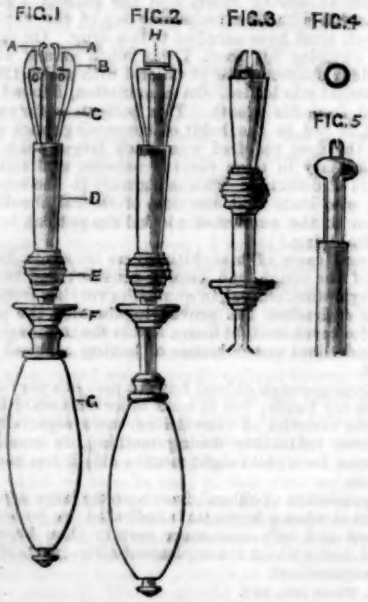
By C. S. JEAFFRESON, Esq.

THE subject of arresting arterial hæmorrhage has given rise to some of the most animated and interesting discussions in the history of modern surgery; and so exhaustive have been the inquiries upon the subject that, in a pathological point of view, one can look for but little in the future. Not so in the mechanical, from which much may yet be expected.

The instrument which I have devised and described below is meant to supersede the ligature, torsion, or acupressure, though it is readily applicable to the two former methods of arresting hæmorrhage, and, indeed, has advantages over the ordinary forceps employed for carrying them out. The principle of the new method is to draw the bleeding artery within a small metallic ring (usually lead). This is forcibly compressed, and the artery then liberated, hæmorrhage being effectually controlled by the compressed and flattened ring. With a little practice, the instrument can be used with the greatest ease and facility, one hand alone being required.

The only pathological point involved is the question of the toleration of the tissues to these minute metallic bodies. Hitherto, in the few cases which I have tried, they have been found to produce no irritating or deleterious effects; the wound heals over them, and they either corrode and disappear or become encysted. This will, I believe, almost invariably occur where they are placed upon arteries situated

deeply in the tissues, as femorals, popliteals, tibials; and for arteries of smaller size it is seldom that anything but torsion is necessary. Should the instrument be required for the application of an ordinary ligature, it will be found to draw it from its sheath in a manner which much facilitates its application, and the forceps secure it so firmly that it can never slip from the grasp. Should the operator wish to apply torsion, the handle of the instrument, with the forceps, can be rapidly rotated, and at the end of the torsion the forcible application of the clamp tends to close the vessel more firmly and securely. Again, in certain situations, where it is found impossible, or at least extremely difficult, to apply a ligature, this instrument will be found invaluable, as in operations upon the neck of the uterus or the back of the throat.



The "artery clamp forceps", which is here represented on a reduced scale, consists of two cannulæ, Fig. 1 (C and D); a pair of forceps (A A), and the clamp B, with its fellow of the opposite side. When it is required to put the instrument into operation, a small leaden ring (Fig. 4) is passed over the ends of the forceps, and made to rest upon the ledges (o o) of the clamps. This is best seen in Fig. 2 (H). The instrument is now ready for use. The artery being brought within grasp of the forceps, F is pushed upwards; this causes the handle G to descend, and, being connected with the forceps, it draws them within the canula C, carrying with them the artery, the end of which is thus drawn within the circumference of the leaden ring. This is best understood by referring to Fig. 2, where the instrument is represented with the forceps drawn into the canula. The next movement consists of clamping the leaden ring. The handle E of the canula D is now pushed upwards; it causes the clamps to approach each other gradually, and thus flatten the ring. This is shown in Fig. 3, where the instrument is represented with the clamps closed. The operation is now complete: the canula D is again brought down, liberating the clamps; the handle G is pushed up, causing the forceps to protrude and liberate the artery, which is found securely fastened by the compressed ring.

The instrument is admirably manufactured by Messrs. Weiss and Sons, of the Strand, London.

Newcastle-on-Tyne, April, 1870.

AN outbreak of small-pox is reported from Kingston-on-Thames. The district medical officers have reported 18 cases, and 8 cases appear to have occurred in the workhouse.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nullâ autem est alia pro certo noscendi viâ, nisi quamplurimas et morborum et dissectionum historias, tam aliorum, tam propriâ collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

(OPHTHALMIC DEPARTMENT.)

ABSCESS OF THE FRONTAL SINUS; OPERATION; CURE.

(Under the care of Mr. SOELBERG WELLS.)

THE following is an example of very successful treatment of a troublesome and disfiguring affection:—

R. S——, aged forty, a baker, perceived, about twelve years ago, that the right upper eyelid was swollen, and hung down over the eye. This swelling disappeared spontaneously in the course of a week, but recurred about every two years; and six months ago he noticed that, besides the tumefaction of the lid, there was a small swelling at the inner angle of the upper lid close to the root of the nose. As this gradually increased in size, he applied for advice at King's College Hospital on the 4th June, 1869. He then presented the following appearance:—The right eye protrudes considerably, and is displaced so much downwards and outwards that the upper edge of the cornea is below the level of the left lower lid. (See Fig. 1.) The movements of the eyeball are greatly curtailed, both upwards and inwards.

FIG. 1.

The upper lid is red, and considerably swollen; and at its inner angle is noticed an oval, tolerably defined tumour, about the size of a large hazel-nut, which extends up to the eyebrow. But the nasal prominence on this side is only very slightly enlarged. The outline of the upper and lower margin of the orbit can be easily traced with the finger, and is found to be sharply defined, and not at all swollen, or concealed by any tumour. The oval swelling, though firm and tense, is elastic, yields a distinct sense of fluctuation, and is slightly tender to the touch; the patient also experiences some dull pain, extending from the inner corner of the eye outwards over the orbit. The eye is somewhat injected, and becomes irritable and watery on exposure to cold winds or bright light. The sight and visual field, however, are good, and the fundus oculi is quite normal; and the exophthalmos, and consequent stretching of the optic nerve, have not produced any hyperæmia or œdema of the retina or optic nerve.

Mr. Wells considered that the case was in all probability

one of abscess of the frontal sinus, which had burst through the wall of the orbit, and he strongly advised an operation, which was performed on June 16th. A free incision was made over the most prominent part of the swelling, the skin and fibres of the orbicularis muscle were somewhat dissected back, and the point of the knife was then plunged into the tumour, the incision being enlarged to the size of the external wound. A large quantity of thick, greenish pus escaped, the eyeball gradually sinking back to its normal position. On passing the little finger through the incision in the direction of the frontal sinus, a large irregular opening was discovered leading into the latter, and readily admitting the finger. A good deal of matter having been removed from the cavity of the distended sinus, the little finger of the other hand was passed up the right nostril until its tip could be touched by that of the finger in the sinus, only a thin plate of bone intervening. This was carefully punctured at its lowest part with a trocar, and an india-rubber drainage tube, having holes cut at short distances, was fastened to a director, and the latter passed up the nostril into the sinus, and thence through the orbit out by the external incision. The tube was then easily pulled through in the same direction, and its one extremity fastened to the forehead by a strip or two of plaster, the other being left to project a little from the nostril. In this way a free communication was maintained between the sinus and the nose, so that the former could be flushed out with water and astringent injections, and the discharge flow off through the nostril. The operation was followed by a certain degree of inflammatory reaction, swelling of the lids and cheek, &c.; but these symptoms soon yielded to hot poppy fomentations and poultices. The incision was kept open so as to permit the free exit of the discharge, and the drainage tube was syringed out with lukewarm water several times a day, in order to keep it patent, being also slightly moved up and down twice daily. The patient recovered rapidly, and was made an out-patient on July 3rd, the tube still remaining in. The swelling had now almost entirely disappeared, the eyeball had resumed its natural position, and its range of mobility upwards and inwards was very greatly increased. The tube was allowed to remain in till Sept. 23rd, when it was removed, as there had been no return of the swelling, and all discharge by the nose had ceased. The external wound now quickly closed, the eye having by this time regained its normal appearance (*vide* Fig. 2), and its mobility was perfect in all directions. He was seen last in the beginning of February, and was still perfectly well.

FIG. 2.

Clinical remarks by Mr. Wells.—The frontal sinus may be distended either by solid tumours or by a collection of fluid, such as mucus or pus. Inflammation of the mucous membrane of the sinus, leading to the formation of pus, may be either acute or chronic in its course, and is generally due to a blow or fall, which may, however, have occurred so long before any manifestation of the disease as to have been almost forgotten by the patient or his friends. In the above case the affection appears to have been spontaneous, and chronic in its course, judging from the absence of acute symptoms, the degree of distension of the sinus, and the large size of the perforation in the wall of the orbit. The symptoms presented by distension of the frontal sinus are often obscure, and may so closely simulate those of an orbital tumour that the true nature of the disease is not recognised until an exploratory incision has been made; or the abscess has perhaps burst through the upper lid, and a fistulous opening is found, leading into the frontal sinus. Again, if the swelling extends somewhat lower down, so that it is crossed by the tendo oculi, it may be mistaken for distension of the lachrymal sac. But we should be guarded against such a mistake by the absence of epiphora and symptoms of inflammation, as well as by the hardness of the swelling, if it be due to distension of the wall of the sinus. It must, however, be freely admitted that in many cases the diagnosis of the true nature of the disease remains doubtful until we make an exploratory incision. If it is then found to be an abscess of the frontal sinus, which has perforated the roof of the orbit, or a distension of the sinus by mucus, the contents of the sinus should be emptied with the finger or injections of lukewarm water, and a free communication should then be established between the sinus and nose by passing a drainage-tube in the manner above described. The tube should be worn for several months, until all discharge from the nostril has ceased.

GUY'S HOSPITAL.

SOME RECENT OPERATIONS.

Removal of Tumour from the Buttock.—The patient in this case was a healthy middle-aged seaman, who about seven years since noticed for the first time a hard growth of the size of a pea in the right buttock. This increased steadily and slowly in size, and in its development was attended with but little pain or inconvenience. On the patient's admission into Guy's Hospital, under the care of Mr. Cock, there was found at the lower part of the right gluteal region a hard movable tumour of the size of an apple, which was in close relation to the corresponding tuber ischii, and seemed to be connected with this process by means of a narrow band of dense connective tissue. Mr. Cock, before commencing the operation for the removal of this growth, stated that its precise nature was doubtful. It was clearly non-malignant, but its structure could not be determined positively before removal. It was in all probability, considering its seat, either an enlarged bursa hardened by inflammatory deposit, or an adipose tumour condensed and indurated by constant pressure. The growth on removal was found to be a firm fibrous tumour, compressed from without inwards, and divided into two distinct lobes. It was not enclosed within any capsule, and was adherent on all sides to the surrounding connective tissue, so that a cautious dissection had to be made. Mr. Cock stated that enlarged and hardened bursæ in front of the knee often presented, on section, an appearance similar to that of the tumour in this case, but that the former might always be observed to have in their centre a cavity, in some cases of considerable size, in others very small and scarcely appreciable. The growth removed from the buttock was solid throughout, and presented no orifice or cavity of any kind. With persons who from the nature of their occupations were confined for some time in the sitting posture one might readily account for the occurrence of disease of this kind in one or both buttocks; but in the present case, the subject of which was a sailor, no explanation could be given as to the cause of its development.

Removal of Tumour from Arm.—Mr. Cock next removed a small cystic tumour from the back of the left arm. The patient was a man of advanced age. The operation in this case was performed for the sake of removing the supposed cause of severe neuralgic pains which extended from the seat of the tumour along the upper limb to the back of the wrist. The growth was an ordinary cystic tumour, of the size of a small walnut, with a distinct membranous wall, and thick yellow fluid contents. It was peculiar, however, in being closely connected with the upper part of the triceps muscle, some fibres of which had to be removed by the knife in consequence of their fusion with the sac of the cyst.

Lithotomy.—This operation was performed by Mr. Pe[illegible]nd

for the removal of a mulberry calculus. The patient was a corpulent adult, who had suffered from symptoms of stone in the bladder for ten years. These symptoms had latterly been very severe, consisting in much vesical irritation, repeated hæmorrhage, and frequent attacks of retention of urine. The introduction of a catheter for the relief of the last-mentioned symptom had generally been followed by profuse bleeding from the bladder and urethra. It was decided to perform lithotomy, as the irritation caused by the introduction of instruments into the bladder, and the subsequent hæmorrhage, were contra-indications to the crushing plan of treatment. The stone was removed by the ordinary lateral operation, and proved to be a very well marked specimen of the oxalate-of-lime calculus, of a dark colour, very brittle, and much nodulated. The operation, however, was attended with great difficulty, and required much care and patience in its performance. The ready passage of a sound into the bladder was prevented in consequence of the existence of several false passages, and of a spasmodic condition of the urethra; the perineum was a very deep one, so that the blades of even a long pair of lithotomy forceps could not be passed far beyond the prostate. Finally, to add to these serious complications, the calculus, when seized in the forceps, was broken into as many as eight distinct nodulated fragments, which had to be removed by the scoop.

WESTMINSTER HOSPITAL.

STRANGULATED OBLIQUE INGUINAL HERNIA IN A CHILD TWO AND A HALF YEARS OLD; OPERATION; SAC OPENED; RADICAL CURE.

(Under the care of Mr. FRANCIS MASON.)

FOR the following notes we are indebted to Mr. R. H. Lloyd, the house-surgeon. We are informed that the patient, who was seen recently, remains quite well, and free from hernial protrusion.

A boy, aged two and a half years, was admitted at 10.15 P.M. Dec. 14th, 1869. The father stated that his child had had a hernia of the right side since birth, for which he had never worn a truss. The rupture gave no trouble, always readily going back when the child was placed in the recumbent posture until the day before admission, when he appeared in considerable pain, referred to the region of the hernia, which could not be returned with the means usually adopted. Vomiting occurred at intervals up to the time of admission; but, according to the parents' account, was not markedly stercoraceous. The bowels had not acted for two complete days.

On examination, the little patient was found with a pale, anxious countenance. The abdomen was tense, but not very tender to the touch. There was an external inguinal hernia on the right side, extending down to the scrotum. The parts affected were very red and tense, and extremely painful. Tongue rather dry; pulse quick; but there was no general depression of the system. There was no impulse in the hernia when the child cried, and taxis failed to effect its reduction. Hot fomentations were ordered, and the child passed a quiet night, sleeping fairly, but vomited some bilious-looking matter.

In the morning the pain in the tumour had increased; and the boy was evidently suffering a good deal. In the unavoidable absence of Mr. Holt, and at his request, Mr. Mason saw the patient, and, finding no amelioration of the symptoms, at once determined to operate. Therefore, on Dec. 15th, at 1.30 P.M., the patient was placed under the influence of chloroform, and an incision, about an inch long, was made by transfixion over the long axis of the swelling. With a little dissection the sac was readily reached, and an attempt then made to return the hernia without opening this viscus; but, failing in this, the sac was opened, when two or three ounces of serous fluid immediately escaped. The intestine was of a deep-claret colour, and closely lining the interior of the sac at the point opened. The stricture, which was at the external ring, having been divided in the upward direction, the bowel was carefully returned, and the wound closed with silk sutures. A thick pad was placed tightly on the part, with the view of procuring a radical cure. At 7 P.M. the child's bowels acted spontaneously. He was ordered one drop of the tincture of opium every six hours. With the exception of some effusion into the right side of the scrotum, which speedily disappeared on removing the bandage, he went on uninterruptedly well. When he left the hospital early in January, the radical cure was perfectly effected; and when seen recently (Feb. 14th) there was not the slightest return of the hernial protrusion, although he has not worn a truss since the operation.

After the patient was removed from the table, Mr. Mason spoke of the difficulty of arriving at an exact diagnosis in such cases. He dwelt on the differences between so-called congenital hernia, infantile hernia, and hernia as usually found in the adult; and described what he was prepared to find in the event of it being one of the above-named varieties. The class had observed the great caution he had used in opening the sac. This was of the utmost importance in all operations for hernia; but it was in this instance imperative on account of the very delicate structure of the parts. Mr. Mason strongly urged the necessity for operating early in cases of strangulated hernia, and drew attention to the extremely congested state of the intestine in this instance. The case afforded many points for instructive thought, and was chiefly interesting on account of the age of the child. The patient was very young for such a proceeding. The bandage was put on tightly on purpose to bring about a radical cure of the disease, which, as already observed, answered every expectation.

Reviews and Notices of Books.

What shall we Teach? or, Physiology in Schools. By EDWIN LANKESTER, M.D., F.R.S. London: Groombridge and Sons. 1870.—The above is the title of a very sensible little essay by Dr. Lankester, written with the object of drawing attention to the advisability of introducing physiology into schools, and of showing the importance of a knowledge of its laws to members of every class in the community, and to both sexes. To all he points out that a knowledge of the ill-effects of overcrowding, impure air, deficient food and clothing, is of extreme value in enabling them to guard against contagious disease. He advocates the investigation of its laws by the clergyman, who, as preacher, missionary, minister, or priest, is still the centre of a circle which his mental and moral culture must influence to a great extent. Equally important is it for the lawyer to have acquaintance with the rudiments of physiology, that he may form a correct judgment not only in cases which may come before him if he be a coroner, but also in innumerable cases that daily occur in both civil and criminal jurisdiction. Nor is it less important to the engineer and architect, as testified by the failure of the arrangements for ventilation in the House of Commons, and the similar defects in the underground railways of London. Lastly, such knowledge should be possessed by the tradesman, who so frequently unites in himself the offices of alderman, town-councillor, vestryman, and member of a board of guardians; in all of which posts the knowledge of the application of physiological laws is in constant requisition, though but too rarely possessed—nay, often wilfully ignored. "It is not less important," Dr. Lankester proceeds to observe, "that the wife of a working man should be taught the causes of disease in the household than he himself. If she is ignorant and careless, the arrangements of the household are such as to encourage those conditions which favour the spread of contagious diseases." The ignorance that prevails on these subjects is extraordinary. Dr. Lankester states that a few years ago a sanitary association in St. James's, Westminster, provided ventilators for all the overcrowded houses of the resident artisans. At the end of a year, when an inspection was made, it was found that nearly all the ventilators had been artificially blocked up; and the same thing occurred in the model lodging-houses, St. James's. He adds that he person-

ally holds one hundred inquests yearly on children found suffocated in bed by the side of their mothers, and calculates that, if the same proportions prevail elsewhere, three thousand infants are thus annually destroyed in Great Britain; and he believes that in nine cases out of ten the death results from gross ignorance in the mother of the laws which govern the life of the child. A still greater amount of harm is produced by injudicious feeding; and he truly says that even amongst the most intelligent women the wildest ideas of the nature of food are entertained, and children, when not suckled, are subjected to experiments which often prove fatal. We may instance a case which fell under our own knowledge a short time ago, where a lady, certainly not deficient in education, maintained that her child (aged six months) was unable to digest bread and milk, but was getting fat on beer and bacon. As a conclusion from all this, Dr. Lankester maintains that the rudiments of physiology and the principal laws of hygiene should be made a part of all, even the most primary, education. Thus, and thus alone, will the masses be made to understand the necessity for good food, good air, abstinence from alcoholic drinks, and attention to numerous other laws, to preserve the *mens sana in corpore sano* which the inhabitants of our temperate climate should possess.

Cases of Syphilitic Affection of the Third Nerve, producing Mydriasis, with and without Ptosis. By VICTOR DE MÉRIC, F.R.C.S. (exam.), &c. — Mr. de Méric has had so large an experience in the treatment of syphilis generally that we took up his little pamphlet with much interest to compare the results of his observation with our own. He gives the details of six cases that have occurred in his own practice, and two or three in the practice of others. In five of these he was able to obtain evidence of the prior existence of syphilis; and the ophthalmic affection in all appeared either in the secondary or tertiary stage, though by no means limited to severe or trifling cases of syphilitic disease. He considers that, as regards the pathology of the affection, it is occasioned by an inflammation of the sheath of the trunk or branches of the third nerve, though occasionally due, no doubt, to disease of the central portion of the nervous system. In this we are quite disposed to concur. Mr. de Méric makes some sensible remarks in reference to the employment of mercury and iodide of potassium, on the former of which there can be but little question our main reliance in most of these cases must be placed, though we have personally great faith in blisters applied to the temple, which probably act both in a direct and reflex manner. Mr. de Méric is satisfied with the results he obtained from the employment of electricity, though we must acknowledge that, after having given it a fair trial in a good many cases, we are unable to endorse his opinion, and have in all instances been disposed to attribute any improvement observed, not to the electricity, but to the remedies administered. In none of the cases recorded was there any marked internal disease of the eye. We recommend this little *brochure* to our readers, and wish that some of those who have met with a series of interesting cases would follow our author's example in publishing them.

Des Eaux Minérales de Contrexéville et de leur emploi dans le Traitement de la Gravelle, de la Goutte, du Catarrhe Vésical, &c. Par le Dr. A. E. DEBOUT, Médecin Inspecteur, &c. pp. 96. Paris: Delahaye. 1870.—Considering how often we have to treat gout in this country, and how frequently the hygienic and pharmaceutical means fail, it is no wonder that the medical attendant often turns to the use of appropriate mineral waters, either at the springs or at the patient's residence. This book will give every therapeutical and topographical information respecting a charming French watering-place, situated in that noble chain of mountains called the Vosges, between Lorraine and Alsace. Contrexéville enjoys some anti-lithic reputation among our professional brethren on the other side of the channel; and, for actual gout, it ranks even above Vichy. Dr. Debout, the Government physician at these springs, tells us, in this interesting little book, that we must not judge these springs by the amount of alkaline ingredients, but by their effects observed in gout, gravel, catarrh of the bladder, &c., sulphate of lime being the chief agent. These waters, taken internally, are reported to facilitate the passing of uric-acid calculi, and to do great good in chronic gout. Heated in such a way as to prevent any decomposition, they are used for baths, in which the patient absorbs a notable quantity of the salts. It should be noticed, moreover, that the place is easily reached from Paris, that it affords every comfort to the visitor, and that the country around offers the most delightful opportunities for excursions, drives, &c. This pamphlet forms an agreeable contrast to the books we sometimes see extolling certain watering-places. There is no enthusiastic and exclusive eulogium, but the facts are stated quietly, sensibly, and in very clear language.

Lunacy: its Past and Present. By ROBERT GARDINER HILL, F.S.A., L.R.C.S. Edin., M.R.C.S. Eng., &c. With Appendix. London: Longmans.—Mr. Gardiner Hill has proved his priority over other English claimants to the conception and practice of the non-restraint system in the treatment of lunatics. His pamphlet (for it is little more) is clearly and vigorously written, and his demonstration of the falsity of the claim set up in behalf of the late Dr. Charlesworth is, we venture to say, complete. Dr. Conolly, for whom (not by whom) a claim to the conception and systematic abolition of restraint has been put forward, wrote, with a candour eminently characteristic of that true physician,—"I might never have conceived the idea of entirely excluding restraints from an asylum if I had not seen that it was practicable at Lincoln" (which he visited in May, 1839, with Mr. Gardiner Hill). At the same time, the claim to having discovered such a system of treatment seems to us a somewhat absurd one. As in the case of the Reformation, or the method of inductive research, the man whom posterity calls the "reformer" is merely the man who has interpreted aright the tendency of things, and given it the most effective impulse, at the most opportune moment. Of course sagacity and energy are required for the performance of such a part; but not the "creative" genius which persons like Mr. Gardiner Hill would fain arrogate to themselves. There were "reformers before the Reformation," and the "inductive method" is better analysed in Aristotle's "Organon" than in Bacon's; and we have little doubt that if we search closely enough into the records of the past we shall find Mr. Gardiner Hill's "non-restraint system" in its essence anticipated. But, for all that, we are not disposed to detract from his merits. It is enough that he was the first man in England to conceive and carry out his system. But, now that we are on the subject of titles and claims, why does Mr. Gardiner Hill call himself (or allow himself to be called) "Dr." Gardiner Hill on the outside of his book? He is simply a surgeon, and has not qualified for the *summi in medicinâ honores*. Such a stickler for giving every man his due should not stultify himself on the threshold, or add fresh point to the favourite line of Sir W. Hamilton—

"Turpe est doctori cum culpa redarguit ipsum!"

The Journal of the Quekett Microscopical Club, No. 10, April, 1870 (Hardwicke), contains an interesting little essay on the "Distribution and Aspects of Mosses in Europe," by Dr. Braithwaite, to whom a handsome testimonial has recently been presented for a course of lectures on this

subject; Notes by Alph. de Brébisson on some French Diatoms; a Note on the Crystallisation of Hippuric Acid, by Mr. White; a paper by Mr. Lowne on the Cornea, and one by Mr. Cooke, accompanied by five plates, on Microscopic Moulds. The annual *soirée* of the Club, held last month in University College, was a great success; and none would have rejoiced more in the prosperity of the Club than the lamented microscopist whose name it bears.

Practical Suggestions in Reference to Sewage, Drainage, and Water-supply of Lunatic Asylums. By ROBERT RAWLINSON, Esq., C.B., Government Engineer.—Although these admirable suggestions have been prepared at the instigation of the Lunacy Commissioners for the use of lunatic asylums, they are equally applicable to other public institutions, and should be adopted by all public bodies having charge of sewerage, drainage, and water works. If these suggestions had been generally acted upon, we should not have had so many cases in which sewerage works had failed to improve the sanitary condition of unhealthy towns. We suspect that Suggestion 14, for example, is rarely enforced—viz.: "That drains should not pass direct from sewers to the inside of wards or houses; but all drains should end at an outside wall, at a manhole-shaft, and house-drains, sink-pipes, and soil-pipes should have ample means of external ventilation provided from the manhole-shaft." If this suggestion were observed, there would be no need of sink-traps, which are continually out of order; and even imperfect house drains would be harmless, because they would cease to admit the sewer gases. Suggestion 16 is also one which it is particularly necessary to impress upon architects—viz.: "That sinks and waterclosets should be placed against external walls, so that the refuse water or soil may be discharged into a drain, commencing from a fully-ventilated shaft outside the main wall." Our Reports on Hospitals and Workhouses testify how continually this simple rule is violated. Waterclosets and sinks are often found in the very centre of the dwelling; and as the drains of necessity pass under a portion of the internal floors, the least leakage introduces rats, sewer gases, &c., to the serious injury of the inhabitants. We would earnestly invite all public bodies to adopt these suggestions as standing orders for the execution of such works.

REPORT
OF
The Lancet Sanitary Commission
ON THE
STATE OF CHRIST'S HOSPITAL.

WITH one exception, our proposals to inspect and report upon the sanitary condition of public schools have been most cordially responded to. Our Report on Marlborough College has not only been acknowledged, but its recommendations are in course of adoption. We have been welcomed at Westminster and Wellington College. Every facility has been offered by the Head Masters of Eton, Harrow, Rugby, Haileybury, Uppingham, Oakham, Clifton College, and other public schools; and invitations have been addressed to us to visit even private schools. It has remained only to the authorities of Christ's Hospital to obstruct our efforts, and to declare that they "see no advantage to be derived from our proposed investigation into the sanitary condition of the school." Whilst this refusal will have no influence upon ourselves, nor materially affect the result of our investigations, we have no doubt the public will draw their own inferences. Christ's Hospital is, *par excellence*, a public institution, and there is none into which the public have so good a right of entry. Every Englishman is interested in its management and welfare. And at this moment, when some degree of reconstruction is imperative, and when the question of removal to a country site is being seriously discussed, it can scarcely be denied that the Committee of Almoners have incurred a grave responsibility in refusing us the opportunity of acquiring any materials by which the public may be enabled to form a correct judgment on the merits of the case. Fortunately, this reticence of the Almoners is exceptional. The public have hitherto been freely admitted, and every information has been liberally given. There is, and should be, nothing to conceal; and whilst we believe that the facts which it will be our duty to present may be relied upon as entirely correct, we are compelled to state that we have, in some cases, been debarred from making our observations as complete as we should desire.

At the present time there are 750 boys, who are lodged in 16 dormitories, the larger number of which contain from 43 to 48 beds. On the whole, the sanitary construction of these buildings may be pronounced fairly satisfactory. Each boy has over 600—and in some rooms 700—cubic feet of space, irrespective of boxes and furniture. The beds are in some cases close, but not so near together as to cause any ill result. The windows, though opposite, are in some cases small, and ill-placed because they do not reach the ceiling. The ventilation is carried on by open fire-grates, windows, Sherringham valves, and smaller ventilators in the ceiling. There is also a good inlet provided through a small room called the wardrobe. No ill effects have ever been observed. In Ward 7, however, all the Sherringham valves were closed on account of the cold weather. Under these circumstances the upper part of the room is not satisfactorily ventilated, and it is certainly desirable that there should be means of constant ventilation without draught, beyond the control either of boys or matrons. The floors are sanded between the beds, an operation more calculated to make and conceal, than prevent or remove, dirt. The closets, furniture, &c., are all that can be desired. The sick are treated in a separate building, which is divided into two parts, one for ordinary cases, and the other for infectious diseases. There are in all 72 beds, but never more than 40 have been occupied at once. There is cross ventilation in all the wards. The waterclosets are much too small, open directly into the wards, and are most improperly placed close to the fire; there is a small opening into a flue for ventilation, but nothing short of constant supervision and admirable administration would keep them in a tolerable state. Whilst this accommodation must be pronounced ample and satisfactory, we cannot help noticing a certain sombre and prison-like appearance throughout the hospital. Some improvements have been made; windows have been enlarged, and pictures placed upon the walls; but, in spite of all, it is impossible to help sighing for more cheerful surroundings for the sick. These remarks apply also to the class-rooms, which, although fair in a sanitary point of view, might be greatly improved by judicious decoration, and by a somewhat more liberal provision for artificial heat and ventilation. It has been found elsewhere that mischief is lessened, and attention to study increased, by these means.

No one can inspect the courts and cloisters without seeing their lamentable insufficiency as playgrounds, particularly for so many boys. As Mr. Fearon observes, "the bluecoat boys do not know *how to play*." The surface of the ground is too hard and slippery for games of speed and strength; in fact, many of the violent games formerly in vogue are now prohibited; and were it not that leave is freely granted to visit friends, the health of the boys would undoubtedly decline. A proposal is said to be under con-

sideration to take a cricket-field in the suburbs, and to transfer the whole school from work to play twice a week. This appears to us an acknowledgment that some change is absolutely required. It is doubtful, however, if the public is likely to be satisfied with so partial and clumsy an expedient. An admirable swimming-bath has recently been made, and the bathing-room improved; but the gymnasium remains in a very imperfect state. It is neither covered in nor fitted as it should be. The question of removal has probably paralysed the Almoners for a time; but there is no occasion for delay. A covered gymnasium might be made in a very few weeks, which could be removed, if necessary, with the school. There is, however, no chance of removal for several years, and even in that case it is certain that a day-school would remain, for which a gymnasium would be required. The Grecians have a boat club. They have two boats at Putney, and it is contemplated to have a third; but we failed to ascertain whether they have competed successfully as oarsmen with other public schools. Of all days in the week, Sunday is the bluest for a bluecoat boy. He has little work and no play. The day is full of dreariness, and it is only of late that some attempt has been made to relieve the monotony by a short musical evening service in the dining-hall. Mr. Fearon describes the country walk as the Sunday safety valve of our public schools, and it is easy to see how conducive it must be to cheerfulness and health.

From the buildings and play-yards we must now turn to the boys themselves. Throughout the recent debate as to removal it has been assumed that their health is excellent. Nor are there wanting many important facts which indicate that they suffer less from the situation than might be reasonably supposed. Thus the low mortality is regarded as an unanswerable argument in favour of the healthiness of Newgate-street. During the last thirty years immense sanitary improvements have been made. Many diseases which formerly prevailed have completely disappeared. During the twenty years ending 1854 the deaths were 1 in 125 per annum, and this excessive death-rate has been most satisfactorily reduced. During the nine years ending 1862 the annual average mortality was 5, in the place of 8 per thousand; and during the last eight years there have been but 12 deaths, or at the annual rate of only 2 per thousand. The average annual mortality of boys between the ages of ten and fifteen is 5 per thousand for all England, so that the mortality of the boys of Christ's Hospital, as compared with the general population, is as 2 to 5. Whilst giving all possible credit to the management for this great result, it is necessary to observe that the comparison is obviously unsound. The circumstances are not by any means the same. The general population includes boys of every class and constitution—the poor, the starving, and diseased. The bluecoat boys, on the contrary, are selected. All pauper children are absolutely excluded, as well as those who are suffering from incurable infirmity or dangerous disease; indeed, such cases are of necessity discharged. Although the exclusion of weakly-looking boys is not very rigidly enforced, it should be observed that none have been subjected to the insanitary conditions of the labouring poor. Moreover, the boys have been fortified by a residence at Hertford, and it would be sad indeed if the mortality were not lessened by the care bestowed upon them. If we compare the mortality with other schools, the result is not so satisfactory. For example: the South Metropolitan Pauper School receives much younger children than Christ's Hospital, and they are drawn, altogether irrespective of their state of health, from a lower stratum of society. We should expect a higher death-rate, and yet it is only 2·3 per thousand. The Royal Military School at Chelsea also receives younger children, and yet the annual death-rate is only 2·03 per thousand. At the Naval School at Greenwich the same remark applies, and yet the annual mortality is only 1·88 per thousand, or rather less than that of Christ's Hospital. The average annual mortality of soldiers' children in the provinces is still less—viz., 1·339 per thousand; and for those who reside in London it is 1·422 per thousand. Whilst if we look to Wellington College, where there are eighty foundation boys, many delicate boys who have been reared in India, we find undoubted evidence of the advantages of pure air in the fact that there has been only one death since the opening of the College twelve years ago, and even that resulted from incurable hereditary disease. So that we have accumulated proof from the most opposite sources, not only that London is more unhealthy than the country, but that the mortality of Christ's Hospital would certainly be reduced by removal to a healthier site.

It may be admitted at once that epidemics, particularly of scarlet fever, do not prevail. As regards infectious diseases it cannot be denied, however, that the boys live habitually on the edge of a volcano. They live in the midst of a population from which these diseases are rarely, if ever, absent. They are obliged to intermingle with it whenever they go out. It would be unreasonable to expect that the boys should escape infection when these diseases extensively prevail, or that they would be as likely to take such diseases in a country town. And the reasoning is borne out by facts. In Christ's Hospital isolated cases of scarlatina are by no means infrequent. Sometimes the disease affects a few boys, and disappears; more rarely it extends. Thus, taking the last eight years,—in 1862 there were 4 cases in the spring; in 1863 there were 87 cases, and 2 deaths; in 1864 there was a single case. After an interval of three years, the disease reappeared on the opening of the school in 1867, and there were 17 cases before the holidays. In the autumn of the same year there was another outbreak, with 34 cases and 1 death. In 1868 isolated cases occurred five times, creating continual anxiety. In the spring of last year there was again a single case; but in the autumn, when the disease prevailed in London, there were eight cases without a death. It is pretty evident that the immunity from epidemics is not connected with the site, but is due to the admirable hygienic and preventive measures which are adopted in order to avert infection within the hospital itself. And here it is right to express a most cordial approval of the matronly arrangements of the wards. Each matron and her servant have charge of nearly fifty boys. Practically they live in the same apartment, and this apartment has many of the great advantages of home. The matron watches the boys always with kindly, often with maternal, interest. The very first approaches of indisposition are observed, and the patient is instantly carried off to see the doctor, who, on the other hand, thinks nothing too trivial for notice. It is something to say that there has never been a fatal case of croup, and that it is rarely, if ever, left to the tutors to discover that a boy is ill. So that there is every guarantee that an infected boy will be removed before he has acquired the property of communicating the disease. Upon the occurrence of a case the boy is stripped and bathed from head to foot. His clothes are burned, and his bed and bedding disinfected in an oven. In hospital he is of course kept separate, and no case has been known of the infection being propagated there. No matter how slight the case, the patient is detained at least twenty-eight days. It is found that dropsy never comes on before the fourteenth day, and never after the twenty-eighth. So that, when he has been pronounced fairly convalescent, he is again bathed, his hair is cut and washed, he receives new clothes, and is sent to the country for a month, where he is placed in a family without children. At the end of that time he is permitted to return, but before he re-enters the school the processes of cleansing and changing are again gone through. No instance has been known in which the boys so treated have propagated the disease.

In the country the intervals between successive epidemics are, as might be expected, longer. Even at Marlborough College, where there was so great a tendency for the disease to spread, it only appeared seven times in twenty-one years; and at Wellington College sporadic cases have occurred in five out of twelve years, the disease never having assumed an epidemic or fatal form. Indeed, at this admirably arranged college, there has only been a single case of dropsy, which occurred in a somewhat strumous patient. At Christ's Hospital, notwithstanding this excellent treatment, the mortality has been one in forty-four, a rate which contrasts unfavourably with the country schools, and proves that the bluecoat boys are not as well able to support the ordeal of this terrible disease. This, therefore, is another argument in favour of removing the school. Evidence of this nature might be greatly extended.

But it is further urged that there has never been any cholera or diphtheria, that there is very little diarrhœa, and that not fatal. Mr. Paget testifies also to the speedy healing of wounds, whilst it is a common observation that weakly boys improve in health, and all in the course of the

half year. This may be and probably is quite true, but there is nothing which cannot equally be said of public country schools. Many of the bluecoat boys may have suffered actual privation in their homes before admission, and in most cases the indulgences of the holidays tend to impair the health. Mr. Paget would be the last to wish his opinion pressed beyond the point to which it goes; and he would probably be quite as ready to state that wounds heal more quickly and more certainly in the country than in town. Indeed, it is in such cases that fresh, pure air exerts such a wonderful effect.

But it may be urged that all this is, in a sense, negative, and that, in order to justify the removal of the hospital, it is reasonable to ask for some direct proof that the boys suffer from residence in town. Granting that London air does not kill any considerable number of boys, or make them susceptible of any serious diseases in the five years during which they breathe it, is no effect produced? In what way, then, does town air act injuriously upon the youthful frame, and how shall we perceive its consequences? This is best answered by the observation of young children, who feel its influence most. They become fastidious and capricious, and they eat less. This leads, after a time, to a certain pallor of skin, and languor of the muscular and nervous systems. If long enough continued, the growth is checked, and the brain acquires an unhealthy irritability. There is also an undoubted tendency to simple febrile attacks, and a malaise only to be cured by change of air. What indications are there of this state amongst the bluecoat boys? We find many. The boys' appetite is capricious in the extreme. Formerly this was more manifest than now. Time was when Tuesday was a general fast, because the pudding was not liked, and even now the consumption of any dish is influenced by its popularity. Only lately it was found absolutely necessary to discontinue the use of hashed meat, because the false idea prevailed that it was made from the refuse of the plates. At Wellington College hashed meat is so popular that the authorities find it frequently impossible to meet the demand for it. Practically speaking, there is no stint of food. The boys have as much meat as they can eat at dinner. This is proved by the remnants left at dinner, which average 25 lb. per day, and formerly were double, according to Mr. Hare's report. But the consumption is miserably small as compared with other schools. The quantity cooked daily is calculated to give 4 oz. of cooked meat to every boy. As carcasses are bought this would be about 6 oz. of raw meat, including bone. Whereas we found that the Marlborough boys consumed no less than 14 oz. of uncooked meat without bone, and at Wellington College it is even more. Nor is the deficiency made up by other things. The consumption of bread does not exceed that by boys in workhouses, whilst the allowance of pudding, which, by the way, is excellently made, is not peculiar to the school. But it has been suggested that the defective appetite is due to the fact that the "Tuck shop" is open for an hour before dinner, boys spoiling their appetites by buns, cakes, and improper food. This may be, to some extent, the case; but the Almoners, unlike the masters of certain other schools, are not interested in the creation of small appetites, and so might reasonably be called upon to defer the privilege of buying sweets until after dinner. We tried to discover whether or not the diet is supplemented from without, but with a negative result. The defective appetites must, therefore, be due to the influence of confinement and London air.

Nor are there wanting other evidences of a depressed standard of vitality. Supposing that the ordinary diet is sufficient for the boys, it is a significant fact that 200 boys were having extra beer by order of the doctor; 20 boys, 3 of whom are Grecians, were having wine; 20 were taking cod-liver oil regularly; 7 were taking quinine and iron, 5 quinine only, 6 steel only, and 5 or 6 more were taking alteratives. All this seems to indicate that influences exist which need to be continually corrected by artificial means. Besides the 9 patients with scarlet fever which were sent into the country last year, 24 others were recommended country air, most of them having suffered from slight fevers and debility.

The following are the conclusions which appear to be fairly deducible from the foregoing facts:—

1. That no efforts are spared to secure the health of the boys to the extent the present site permits.

2. That the mortality is not by any means particularly favourable, and that it might be lessened by the removal of the school to a country site.

3. That whilst there is no evidence of any excessive acute disease, there are many indications that the physical development of the boys is by no means so perfect as is generally supposed.

4. That the appetite of the boys is remarkably capricious, and their consumption of animal food unusually small.

5. That infectious diseases, particularly scarlet fever, occur more frequently than they do in a less densely populated district, and the immunity from epidemics is due to the admirable hygienic treatment of infected boys.

6. That the evil influences inseparable from the present site need to be continually corrected by artificial means, and by change of air.

7. That the space for play is insufficient to secure a perfect physical development.

8. That these defects can only be remedied by the removal of the school.

These conclusions are consistent not only with general opinions but with common sense. No governor of the charity would think for a moment of sending his own son to a school similarly placed. No statistics, however favourable, no absence of zymotic disease—in fact, no arguments whatever, would convince him of the healthiness of an atmosphere clouded by smoke, invaded by London fogs, and teeming with exhalations from three millions of people. On the contrary, he would rely upon the general experience of mankind, that pure air, bright skies, green fields, and ample play-grounds are the means by which the constitution of the young is best fortified and matured, and by which he would best provide his son with such a stock of health and energy as would enable him to maintain the battle of life with a reasonable prospect of success. These arguments apply to the boys of Christ's Hospital with peculiar force. Many are orphans, many inherit weakly constitutions, if not positive disease. All have to depend upon their own exertions for success in life; and it seems to us the bounden duty of the governors to give them the highest sanitary privileges, especially if the gift be consistent with an extension of the benefits to many others. We have avoided the monetary and the educational questions, not because they are unimportant, but because it seemed to us to be a special duty to protest against the proposition that the health of these poor penned-up boys would not be benefited by greater freedom and purer air.

MEDICAL SOCIETY OF LONDON.

ABSTRACT OF THE ORATION DELIVERED BY MR. FRANCIS MASON, F.R.C.S.,

On Monday, May 2nd, 1870.

AFTER thanking the Fellows for the distinguished position in which they had placed him, Mr. Mason said that it had been an annual custom, since the Society was instituted in 1773, to elect one of its Fellows as Orator, whose function, to quote the words of the old law, shall be "to deliver a discourse on the best means of promoting the intentions of the Society, and the general improvement of medical knowledge." Having referred to certain changes which brought the meeting together, he said that two years ago he had resolved to search the records of the Society with the view of ascertaining the kind of work done at its meetings. He had now fulfilled that self-imposed task, and ventured to submit a few out of the numberless invaluable incidents recorded, selecting chiefly such as might bear on surgery, throwing in, here and there, two or three samples relating to other departments of the healing art which seemed to possess more than ordinary interest. Some were curious—even amusing—and all taught instructive lessons. He gave the facts as he found them in a "round unvarnish'd tale." They represented, he thought, "the very age and body of the time," and might be taken as faithful sketches of "the story of our lives from year to year."

The first note of any special interest was in connexion with the subject of harelip, so far back as 1790, when Isaac Rand gave the details of two cases in which he

had operated successfully two days after birth. Mr. Mason commended the following note to gentlemen interested in the treatment of cancer:—"November 4th, 1783. Dr. Lettsom read a letter on the good effects of lizards, taken fresh, in cancer and venereal cases." He said that ice had been largely employed in former years. For example:—"February 14th, 1785. Dr. Lettsom narrated a case of umbilical hernia in which recovery took place by the application of ice"; and on April 1st, 1811, Mr. Good stated that he had seen a case in which the application of the freezing mixture persevered in for a whole day had produced a return of the hernia in the abdomen. It had also been applied to the painful joints in acute rheumatism; and on April 11th, 1796, at a discussion on croup, Mr. Field objected strongly to blisters and counter-irritants, but had great confidence in the topical application of ice in this disease as in other affections of the throat. Allusion was then made to two extraordinary cases of voracious hunger. "April 3rd, 1786. A paper was read on a remarkable case of canine appetite, in which 379 lb. 10 oz. were eaten in six days, being an average of about 63 lb. a day"; and on "May 25th, 1807, Mr. Hurlock said that a woman in Bartholomew's Hospital was wretched unless she was eating. She has always two, and sometimes three, quartern loaves a day, in addition to two meals of beefsteak, each 1½ lb. in weight. She has two pots of porter daily, besides a large quantity of water."

The story of the Welsh fasting girl having caused a good deal of excitement, Mr. Mason thought the following particulars might not be uninteresting:—"Dec. 13, 1790, Dr. Sims produced a book written in Italian by Simon Portius, giving an account of a German young woman who lived two years without eating or drinking"; and on "Oct. 12, 1807, Mr. Macdonald called the attention of the society to the case of a girl named Richardson, known by the title of 'the Sleeping Beauty.' She is about nineteen years of age. The first circumstance that attracted notice was her continuing in a profound sleep for nine days, during which time she was bled, pins had been thrust into her arm, of which she was entirely ignorant. She took no sustenance. On waking, she appeared extremely weak, but soon recovered by nourishment. She has since slept seven days, and four days."

Carbolic acid being much in vogue at the present time, the following note relating to the use, eighty years ago, of a substance closely allied to that material was worthy of mention:—"Oct. 25, 1790, a letter was read from Mr. Edmund Saunders, of Plymouth, on the efficacy of the oil of tar as an antiseptic."

The following extracts were particularly interesting, as they indicated an important era in the history of surgery seventy years ago, and were instances of what, in modern times would be called, to quote Sir William Fergusson, "conservative surgery." Are they not, said Mr. Mason, "the mirrors of the gigantic shadows which futurity casts upon the present?" "Oct 5, 1801. A paper was read from Dr. Fothergill, of Bath, on a remarkable case of the removal of a portion of the fibula proving the means of preserving the limb." And, again, a few years later a gentleman stated he had attended a boy who, in using an axe, had inflicted a transverse wound through the joint of his finger, so that it was attached by integument only. By keeping the parts in apposition, the finger was not only saved, but the use of the joint restored.

Several examples were then quoted of heroic treatment. "June 26th, 1797. Mr. Hurlock informed the Society that he had met with another case of fatal affection of the abdomen. The patient was a woman aged twenty-eight." Now mark the treatment. "Glysters of tobacco, both in infusion and in fume, and large quantities of warm water to the amount of three quarts or a gallon, were thrown into the bowel with an appropriate apparatus. Calomel, cathartic extract, neutral salts, senna, and other purgatives, bleeding, fomentations, warm bathing, and a large blister, had been employed without procuring stools; wash-hand basinfuls of feculent matter had been vomited up, but yet the patient died." Again, on Jan. 31st, 1820, Dr. Ley mentioned the case of a lady who, for some irritation about the rectum, applied more than a hundred leeches near the anus. She gradually sank, and died completely exhausted by hæmorrhage. And "Mr. André (Feb. 5th, 1821) noticed two severe cases of ophthalmia, in which bleeding *ad deliquium animi*, and the application of upwards of 200 leeches, had been found essential to the arresting of the progress of the disease." Again, "on Oct. 5th, 1807, Dr. Clutterbuck related a case of midwifery which went on well up to the expulsion of the placenta, a part of which was removed, when hæmorrhage ensued, and the accoucheur, in attempting to remove the rest with the scissors, not only removed the uterus, but several feet of the intestine, during which operation the lady died."

Mr. Mason concluded this subject by quoting, with much point and vigour, the well-known lines attributed to Dr. Lettsom:—

> "When patients comes to I,
> I physics, bleeds, and sweats 'em;
> And if they choose to die,
> What's that to I, I lets 'em."
> *(I. Lettsom.)*

Mention was then made of several interesting cases of foreign bodies in the larynx and pharynx, amongst which we may note the following:—"Nov. 28th, 1814. Mr. Johnston related a case of ruptured pharynx in a female, aged thirty-two, whilst eating some boiled beef. Blisters and leeches were applied with no benefit. She ultimately died of suffocation, when the pharynx was found ruptured, the food having passed into the surrounding parts. The œsophagus was not ulcerated."

Brief allusion was also made to the following singular method of getting rid of a foreign substance in the pharynx. "April 16th, 1778. Mr. Blair related a case in which a piece of meat stuck in a person's throat. Probangs were used without effect, and at last an injection of tobacco was thrown into the bowel, which made the patient vomit, and the obstacle was removed."

On October 14th, 1822, Mr. Cox related the case of a man, aged about thirty, who for six or eight months was supposed to be suffering from ulceration of the larynx. He died, and on dissection a piece of meat was found to have fallen into the rima glottidis. On Feb. 21st, 1820, Mr. Callaway related a case of sudden death by a tumour attached to the soft palate becoming detached, and closing the rima glottidis. On May 18th, 1835, Mr. Pilcher related a singular case where a long polypus growing from the pharynx was occasionally vomited out of the mouth. It always slipped back before the medical attendant arrived. At last the nurse held it till the surgeon came and removed it."

There were numerous examples showing the remarkable course that foreign bodies will sometimes take.

On Nov. 15th, 1802, Dr. Lettsom related the case of a person who wished to provoke vomiting, and swallowed a cobbler's knife, which afterwards came out at the ribs. Another case was that of an idiot who swallowed a pair of compasses and some old nails, to the amount of 4 lb., successively. Dr. Sims spoke of a needle upon which a lady sat in a hackney coach. There was pain in one thigh for six months, which then passed into the other. A surgeon, on examination, felt his hand scratched by some object, which proved to be the needle, which had passed from one thigh to the other. It was extracted.

Mr. Mason then gave the details of the post-mortem examination of the well-known case of the sailor who swallowed a number of clasp knives. The account was given to the Society by Dr. Babington, in March 20th, 1809, the day after the patient died.

Allusion was then made to a remarkable instance of a man, aged sixty-five, who for two months had mild attacks of diarrhœa. He at length died of strangulated hernia, and at the post-mortem examination the pylorus was found very dilatable, and the small intestines matted together. About two inches from the ileo-cæcal valve was found a large-sized blue earthenware egg-cup, which, it was stated, the patient had swallowed. Allusion was made to the experiments on digestion made by a man who had swallowed metallic balls two and a half inches in diameter; and Dr. Johnson mentioned the case of a Frenchman who had swallowed a box containing dispatches from Napoleon to prevent their falling into the hands of the enemy. The fact was discovered, and he was kept a prisoner until he passed them by the bowels. He referred to another case in which a man had swallowed nearly all the bone of a shin of beef.

Mr. Mason, after speaking of the continued loyalty of the Fellows to their Sovereign and country, said the next note appealed to the heart of every true-born Englishman.

"Dec. 23rd, 1805. A letter was read by Dr. Gillespie from the surgeon on board the *Victory*, who dissected the wound of the late Admiral Nelson, describing the progress of the musket-ball. It passed through the left shoulder, penetrating one lobe of the lung, and, after perforating the vertebræ, was lodged in the surrounding muscles."

The next cases show remarkable recoveries after very severe injuries to the head. "March 10th, 1806. Mr. Hooper mentioned the case of a man who had a pitchfork driven into his head four inches, who speedily got well; and also the case of a lad who recovered after having nearly half his cranium taken off in the riots of 1790." Also, "March 7th, 1814. Mr. Taunton remarked on a case he had seen under Mr. Chandler's care at St. Thomas's Hospital. Nearly the whole of the frontal bone was smashed by the windlass of a mill. The membranes of the brain and the anterior lobes were much lacerated, and the upper part of the orbits and the nasal bones were exposed. The patient did well in a short time."

As extraordinary examples of *lusus naturæ* mention was made of the following:—"March 21, 1808. Mr. Young related a remarkable case of a fœtus having been discovered in the cavity of the abdomen of a *male* child, who died at the age of nine months." "Nov. 5, 1838. Mr. Headland spoke of the bodies of two children he had seen joined like the Siamese twins, but with a more extensive union, reaching from the upper part of the sternum to the umbilicus. An anatomist had stated he would have divided the band had they lived; but subsequent dissection showed how improper such a course would have been, for, although there were two hearts, there was but one pericardium."

Referring to the subject of transfusion, which the records show to be anything but a satisfactory operation, the following incident was received with much laughter:—"Oct. 12, 1818. Dr. Walshman mentioned an experiment he had witnessed on a dog. The animal was bled to apparent death and laid on the table. The femoral artery of another dog was opened and blood flowed through a tube into the jugular vein. The dog soon exhibited signs of returning animation. He opened his eyes, wagged his tail, and at length, springing on his feet, gave a significant look to the company, and ran away, to the utmost astonishment of all present."

Mention was then made of some remarkable cases of suppression and retention of urine, after which Mr. Mason narrated the following singular case of "autolithotomy":—"Dec. 23, 1824. Dr. Stewart asked if the operation of lithotomy of extracting the stone through the rectum was practised in this country. In the discussion, Dr. Haslam said that many years ago he saw a patient who could bring the stone so low in the rectum as to induce the surgeon, Mr. Pott, to think of removing it. The patient, however, anticipated the surgeon, and performed the operation himself, extracting two stones."

Mr. Mason then gave an account of discussions on alcoholic stimulants, and the use and abuse of tea and coffee. "March 30, 1807. Dr. Sims thought insanity due to the quantity of port wine drunk," and on "April 2, 1833, Dr. Morris said that Dr. Willis had stated that he owed half his practice, in cases of insanity, to the effects of tea." Mr. Procter knew a Dr. Johnson, of Nottingham, who would drink thirty-two cups of tea at a sitting; yet he lived to be a good old age, was stout, and worked hard. The following rough-and-ready method of treating drunkenness was incidentally mentioned:—"Feb. 1, 1819. Dr. Uwins spoke of the case of a man whose family, when he became insensible from intoxication, were in the daily habit of placing him in a trough of cold water, which was after a time permitted gradually to drain off. The person awoke sensible and refreshed."

Mr. Mason then spoke of the contributions of more recent times in order to show the progress surgery had made. Amongst them, papers on Excision of the Joints, by the President, Mr. John Gay, Mr. Hancock, Mr. Haynes Walton, Mr. Henry Smith, and the late Mr. P. C. Price; on Chloroform, by Dr. Richardson and the late Dr. Snow. After alluding to the contributions of the provincial Fellows, as well as to various ingenious surgical instruments, Mr. Mason said, in conclusion, that he had reviewed the past, which none had reason to regret. He had taken a hasty glance at the present. "We need not," he said, "fear the future,—that would tell its own tale. Who shall say," he continued, "we have not fulfilled the object for which our Society was established? Who shall say we have not done something at least to improve the tone and elevate the character of our profession? Let us continue our good work; let us carry on our discussions with the sole object of eliciting the truth, the whole truth, and nothing but the truth; so that, at the end of all time, each may raise his heart in thankfulness and say, in the words of England's greatest naval hero, whose death-wound he had already described, 'I thank God for this opportunity of doing my duty.'"

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

PATENT VAPORISER.

WE have been furnished by Messrs. Savory and Moore with one of their new vaporisers. It is ingenious in design, simple in construction, and answers the purposes for which it is intended. As will be readily seen by a reference to the engraving, it consists of two parts, separable from one another; the lower containing the lamp, and the upper part a vessel for holding the substance to be vaporised by the aid of a wick, one end of which is inserted into a central dropping tube, and the other immersed in the fluid on the outside of the tube. The liquid carbolic ascends the wick by capillarity, drops on a plate at the bottom, and becomes vaporised by the heat of the lamp placed beneath the plate, when the two parts of the apparatus are adjusted, and the lamp lighted. There can be little doubt that it is an efficient method of diffusing the vapour of disinfectants; and it can be used for purifying the atmosphere of an apartment, or for disinfecting rooms, clothes, bedding, &c. Carbolic acid can thus be also brought into contact with the lungs during respiration, or with any local surface. As to the destructive property exercised by this agent over the atmospheric germs of disease, we are scarcely warranted in expressing an opinion; for we do not know for certain that such germs exist, notwithstanding Professor Tyndall's so-called "physical demonstration" of their presence and influence; but, for all that, Savory and Moore's Vaporiser is an excellent and very useful little invention.

PROFESSOR PARKES'S CHEMICAL CABINETS.

MESSRS. SAVORY AND MOORE have lately (in accordance with orders received by them from the Indian Government) been fitting up thirty-six of the chemical cabinets designed by Dr. Parkes for the analysis of air and water. These are for use in the Bengal Presidency, and they have been prepared with special reference to Dr. Parkes's System of Hygiene. The contents of the chests are adapted for quantitative as well as qualitative analysis. Standard solutions, on the metric system, are supplied; and as these deteriorate by keeping, change of climate, &c., weighed quantities of the substances are also contained in the chest, and graduated bottles for the solutions.

These chemical cabinets are, in our opinion, most useful. They are admirably adapted to the requirements of persons engaged in sanitary investigations. All that can be known chemically of aërial or aqueous compositions may be readily and accurately determined by the tests, which may, of course, be applied to other analyses also.

THE LANCET.

LONDON: SATURDAY, MAY 14, 1870.

THE discussion on the second reading of the Bill in the House of Lords was not very encouraging. It neither increased one's love for the Bill, nor one's feeling that it was likely to be transmuted into anything very satisfactory. One good result did follow from the debate. It clearly brought out that the Bill put more serious powers into the hands of the Privy Council than Lord DE GREY has been willing to admit that the Bill gave; and more than this, it elicited a promise from his Lordship that these clauses should be amended. This promise has been fulfilled, and the amendments have been tabled. These amendments retain for the Privy Council a power of confirming or vetoing schemes agreed on by the Medical Council. This will be a very serious power that may be highly inconvenient to the profession. In this way. The bodies composing the General Medical Council must in any case be very seriously affected by this Bill in their material interests. The schemes for examination will be the subject of endless debate, and probably the occasion of not a little strife. Those who know Sir DOMINIC CORRIGAN's power of obstruction will easily be able to forecast the length of the debates over schemes for England, Ireland, and Scotland. One week will be little for the discussion of interests so varied as those of the London College of Surgeons, the Edinburgh College of Physicians, the King and Queen's College of Physicians, and an equal number of other bodies of the same class. But let us come to the point. Perhaps after a week's discussion, which in round figures costs nearly a thousand pounds, a scheme may be agreed upon. This is only conceivable by a stretch of the imagination, but let us make the effort. The Medical Council agrees upon a scheme, and disperses, with instructions to the President to transmit it to the Lord President of the Privy Council. Now it requires very little effort of imagination to suppose that a scheme which would be satisfactory to all these bodies would not be acceptable to the Privy Council. According to Lord DE GREY'S amendments, he will retain for the Privy Council the right of approval or disapproval; and we gather from the amendments that, in the event of the Privy Council disapproving or refusing to confirm a scheme, the dignity of the Medical Council is to be saved by the withdrawal of the scheme. This is a very simple course, but it does not appear to us a very dignified one. And neither Lord DE GREY nor the Council seem to have considered what an expensive course it will be. It will occasion another meeting of the General Medical Council, and very likely another week's session, which means, as we have said, something like a thousand pounds which the profession has to pay; to say nothing of the inconvenience accruing to those members of the Council who live in Dublin or Edinburgh, and of the inconvenience to the public of those cities occasioned by the absence of so many of their principal medical advisers. Let it be well considered that this Bill contains no scheme and creates no board; that, if it were passed to-morrow, all the work of concocting schemes has to be done, first by the medical authorities in the various parts of the country, and secondly by the Medical Council itself, in which all these bodies meet; and that there is even provision made for the proposal of amendments of these schemes from time to time, as may seem fit to the medical authorities.

The real fact is that the General Medical Council is so made up of corporations which have an interest in passing the greatest number of candidates, that the Government feels it necessary to have some independent power. It would have been very much more to the credit of the courage of the Government if, instead of claiming an independent power over the acts of the Medical Council, it had proposed a change in its composition—such a change as should have lessened the disproportion between the Crown nominees and the representatives of the corporations, and claimed for the Privy Council only a power of arbitration in the event of the Medical Council being seriously or equally divided. We publish a letter in another column, which shows one way of doing this in accordance with a principle of the Act of 1858, which Act is not abolished, but only amended, by this Bill.

Lord CAIRNS and the Marquis of SALISBURY seemed dissatisfied in regard to two points: first, that the Bill did not contain any guarantee that students would be tested in a practical and clinical way; and, secondly, that by creating a new licensing authority it would seriously and injuriously impair the influence of the present licensing bodies over members of the profession, and, by so much, lessen the confidence of the public in the profession. The Bill originates in a feeling that the examinations, as at present conducted, are not sufficiently testing and practical; and if the promoters of it have any justification, it is in the necessity which is felt for securing that examinations shall be thorough and practical. As to the influence and interest of the corporations, it was too truly set forth by Lord DE GREY that the provisions of the Bill for the preparation of schemes and boards were designedly framed with respect to the existing licensing bodies, and so as to give them power. It is true Lord DE GREY spoke of the unreasonableness of subjecting persons who shall have passed the stringent examinations of the new board to any further stipulations; from which, and from other parts of his speech, we may gather that he would not consent to any scheme of compulsory affiliation with existing bodies. But the Bill assigns the duty of making the schemes and the boards to the medical authorities in the first instance, and the Medical Council in the second. More than this, it empowers the authorities, on condition of receiving a share of the fees, and on the strength of the examination of the new board, to grant their minor titles. Surely there is no want of consideration here to the medical authorities, or of encouragement to affiliation with them. In our opinion they are quite enough considered; and they would consult their dignity and interest by imitating the universities a little more, and acting more independently.

Is it too late yet for the Government to make some change in the Medical Council? We fear it is. Lord DE GREY

has proceeded with too little regard to the profession if not too much to the Council. Perhaps some independent Peer will moot the question; if not, it must arise in the House of Commons. And unless such a change can be made in the Council as will equalise the representatives of the corporations with those of the Crown and the profession, we shall not be sorry to see the Bill miscarry. We may get a better Bill, and we could scarcely have a worse. The Conjoint Board will be established whether the Bill passes or not.

WE must not mourn too bitterly. Sixty years of life—as Sir JAMES SIMPSON counted living—was not bad. Whenever such a life ends it ends too soon, and there is a feeling that the world is more vacant than it was, and that a great presence is gone; but the difference between threescore years and threescore years and ten is not of much account—all the more so if the heart and flesh were beginning to faint and fail, and to show inability to do the bidding of the active mind that impelled them. Such a life as that which has just terminated was long when we consider what was crowded into it. The nights of such a man as Sir JAMES SIMPSON would show more of thought and work than the days of common men. The diary of his leisure moments and the fag end of his days would be history enough for many people that aim at reputation. Some of his most important papers were written in the intervals of his obstetric attentions to patients. So we must temper our grief with reason, and consider what a history Sir JAMES has had since the chagrin he felt when he failed in his attempt to get the office of parish surgeon at Inverkip on the Clyde, and was compelled by the innate force of his nature to go in for graduation, and then for an academic chair.

We are not concerned here to write a biography of Sir JAMES. We have done that elsewhere. We are more concerned to speak a few unpremeditated and informal words that shall relieve our minds and meet the emotion of our readers in every land, who will feel personally bereft by his death. There have been two errors in regard of SIMPSON: one in the direction of worshiping him as almost an inspired man; another in the direction of disparaging his great merits. And what were his merits?—for it is these we only care to remember; and they were so great, they so enlarged one's conception of the possibilities of life, that they alone come into one's mind, and cast a light even over his faults. What were SIMPSON'S great qualities? There was that genial belief in Nature, and in her generousness to those who study her ways and processes—that keen perception of the relation of things—that go far to constitute genius. There was a heart in SIMPSON that was impressed with the great evil of pain, and gave him a pleasure in relieving it; and it would be difficult to decide to what extent the credit of his discovery of the great anæsthetic was due to the energy of his mere humanity. There was an activity, a power of work, in SIMPSON which almost constitutes greatness of itself, and which in his case was all the more wonderful because he was not strong, and was laid aside frequently for a day or two together by intense headaches and prostration; an activity which bore him through thirty years of such anxious, original, responsible and successful practice as has, perhaps, no precedent. Then, his was one of the broadest of minds. It ranged over every branch of his own science and all sciences. He was most just to the ancients, and loved antique things. If he made a discovery he never rested till he found what had been done before him, and was content to find that his discovery was only the revival of an old idea. But he worked as one who believed that Nature would make any man a discoverer who believed in her. What physician shall we name who has done so much to relieve suffering, unless it were MORTON himself; and what patient shall we find who has felt pain more acutely and borne it more patiently than Sir JAMES SIMPSON. Terrible are the accounts of his attacks of angina. They are only relieved by the accounts of his patience and his piety, and by learning that in his own chloroform he got relief from one of his worst attacks.

WHEN PROFESSOR TYNDALL disturbed the mind of the general public by his sensational endeavour to ventilate, in a popular fashion, a question that is still amongst the most uncertain of those by which men of science are perplexed, he must, one would conceive, have had some definite object in view. It is not too much to say that he has accomplished nothing but the generation of distrust in his own sagacity. We wish, however, to take advantage of the opportunity in order to say a few words on the present position of the debate, and to point out the inconclusive character of the evidence that has been adduced on either side. The case is one in which the imaginations of experimenters have outstripped their facts, and in which vast superstructures have been raised upon foundations wholly inadequate to sustain them.

We know, in a broad and general way, first, that there is some relation between the presence of atmospheric air and the occurrence of putrefaction; and, secondly, that the occurrence of putrefaction is attended by the development of various low forms of life. Mycologists have for many years been familiar with the abundant diffusion of the sporules or germs of the lowest fungi in the atmosphere; and from this knowledge it seemed but a step to the inference that the atmosphere might possibly not be itself the cause of putrefactive changes, but the mere carrier of the cause; and that the air itself, *quoad* oxygen and nitrogen, was powerless to initiate organic change. On the other hand, it was found that life came into existence under circumstances that rendered the presence of an antecedent germ improbable; and it was suggested, indeed, that it might begin anew, under favourable circumstances, and from certain aggregations of inorganic molecular matter. Now these two views, the doctrine of the derivation of the inferior forms of life from germs, and the doctrine of spontaneous generation, have very often been discussed as if they were antagonistic and incompatible. In reality they are neither. Assuming, as a matter of argument, that spontaneous generation is a thing of daily occurrence, it must still be admitted that the organisms thus generated may reproduce, and may become parents of their kind; and, in however many instances we may trace life to the presence of germs, or may see reason to believe that its absence is due to their destruction or exclusion, we are no

nearer the proof that germs are essential antecedents to its development. It is fully open to one philosopher to demonstrate the existence of germs, and to trace their development into organisms of any degree of complexity. It is as fully open to another to show that organisms may come into being when all germs are excluded. But neither kind of evidence will destroy the other; and, indeed, there seems to be very high probability that both these views will at no distant time be established. If either were true exclusively, the evidence of its truth would not be difficult to obtain, and the conditions under which life might be looked for would soon be determined with absolute certainty. But, as a matter of fact, we now find the widest discrepancy between the results obtained by different experimenters. In some instances the most rude precautions suffice to prevent decomposition; in others, the most rigorous care to exclude germs is followed by the plentiful appearance of life. Every surgeon has met with cases in which an amputation wound has healed by the first intention, or in which a compound fracture, almost accidentally protected by a blood-crust, has never yielded a single drop of pus. On the other hand, we are told by Professor LISTER and his followers that the most minute and anxious care is needed in order to secure such a result; and we are told by those who are not his followers that, in their hands, even this minute and anxious care has been unavailing. The differences familiar to us as surgeons in the wards are repeated among philosophers in the laboratory. M. PASTEUR tells us, and others have confirmed his statement, that a plug of cotton-wool will preserve a flask of boiled milk for an indefinite time. Dr. BASTIAN informs us that abundant life will be developed in saline solutions from which all air has been removed, and in which all germs have been killed by heat. His experiments have yet to be repeated by others; and, until they have undergone this test, they are open to the obvious objection that they may have been in some way erroneously conducted. But this scarcely affects the point we wish to make—which is, that the best experiments terminating in either result do not exclude the possibility of the other; and that an experiment, however much it may confirm, is wholly unable to destroy. Regarded from one point of view, the question at issue is insoluble; because the proof of a negative is impossible. In the meanwhile, in all the practical affairs of life, we must be content to stop short of demonstration, and to act upon high probability. It is certain that the air around us, especially the air of populous places, contains much floating matter of a noxious character, many floating germs of common fungi, possibly many germs productive of special forms of disease. It is certain that the mechanical exclusion of such impurities, or their destruction by chemical agents, will often be highly advantageous. It is also certain that we cannot exclude in this way all the noxious agents that produce animalcular life or zymotic disease; and we shall, in the present state of knowledge, only waste time and lose labour if we aim at the unattainable by an accumulation of minute precautions. The philosopher who tells the public that it is the duty of practical men to do this or that, at which practical men will only smile, is an ignis fatuus rather than a guide. Dr. BUDD's suggestion to oil the skin of a scarlet fever case is an illustration of science brought to the aid of sagacity. Professor TYNDALL's recommendation to a surgeon to open an abscess with a hot knife is an illustration of an hypothesis carried to an absurdity. It reminds one of Captain MARRYATT's hero, encouraging the organ of benevolence by a cupping-glass.

RARELY has the QUEEN undertaken and performed a more memorable part than that which Her Majesty sustained on Wednesday. Hers, indeed, will be celebrated as a reign which has witnessed the most momentous of pacific changes — mighty innovations in policy domestic and foreign—the transference of political power from a narrower to a lower and wider basis—the removal of oppressive inequalities—the collapse of venerable institutions which had survived their special usefulness. But among these events, the establishment of the University of London and its inauguration by the august occupant of the British throne, will hold a place second to none in importance. In its seats of learning, a people recognises, in proportion to its enlightenment, the source and centre of its highest civilisation—the seed-bed of its most fructifying thought—the fountain of its purest inspiration. These functions are discharged effectively according as those seats are unexclusive or catholic in their constitution, untrammeled in their working, and happy in their administration. Science has no respect of persons. "Freely ye have received, freely give," is scarcely more characteristic of the Christian ethics than of her own. But in these islands, at least, she had for centuries been allowed to lapse from her lofty position, and to minister, not to the people, but to a privileged section. The older universities had ceased to follow the example set by the "Oxford Clerk," as recorded by one of their noblest sons,—

"Gladly wolde he lerne and gladly teche."

They reserved their treasures, their emoluments, and their opportunities for a favoured few. But coincidently with the political movement which culminated in the Reform Act of 1832, an effort was made to provide for the public at large those means of scientific instruction and professional preparation which the older seats of learning failed adequately to afford. This effort, which will always be associated with the name of HENRY BROUGHAM, resulted in the University of London, which, denied for a long time a local habitation worthy of her name, has at length found a suitable abode in the chaste and eminently academic structure inaugurated on Wednesday with such brilliant ceremony by her Majesty the QUEEN.

The University of London, unhampered by tradition, free to adopt or reject whatever assists or obstructs her progress, will advance "from strength to strength"; and if her older sisters prove formidable rivals, it will be in the exact proportion in which they assimilate their constitution to hers. Upon these, indeed, her influence will react for good, as they will be forced into effecting through expediency the liberal measures which they would have forborne to adopt through justice. In future they will admit to a much fairer share of their favour the claims of science and her votaries. They will relax the traditional restrictions of creed, of country, of class, or of colour.

They will meet the advancing host of scholars at their gates, instead of waiting, as heretofore, till caught, like PROTEUS, in a happy hour by a privileged invader. These lessons in liberality they will have learned from the institution which, despised and ridiculed at its commencement, has yet forced its way through the *vis inertiæ* of class prejudice like the wild olive through the Cyclopean wall. They may rival or surpass the University of London in the facilities they afford for the pursuit of literature, or for the cultivation of abstract science. They may annually produce philologists and mathematicians equal, if not superior, to those of their younger sister. But in applied science, especially in that great and ever-growing department of it which covers the medical field, they can never hope to keep pace with the metropolitan school. Short as has been her career, the University of London has given a greater impulse to the study and practice of medicine than any one institution in the British Empire. The high standard of her requirements in the candidate for her degree,—the exacting fidelity of her examinations,—the practical tests she enforces before she confers her diploma,—all are innovations on the old and easy ordeal which she can incontestably claim. It is not too much to say that the movement now in progress towards medical reform has been largely determined by her teaching and by her standards; while that reform will be effective and felicitous in the degree in which the older universities and qualifying bodies strive to imitate her example, and to place themselves in the same enlightened attitude towards the claims of Medicine as a science and as an art.

WE have received the prospectus of the Metropolitan Mutual Medical Aid Society with profound regret. The Society is formed to supply, for a very moderate annual fixed payment, medical attendance by means of a staff of professional men selected by its Medical Council (composed of eminent men), and to provide, under the same payment, all requisite medicines and home visitation on the same footing as private patients. Moreover, in critical cases, consultations with physicians and surgeons of eminence will be secured to the members without additional cost.

So revolutionary a scheme must be received by the profession generally with no wavering voice. It constitutes the first step towards reducing the whole profession to the level of a trade. For years past we have been struggling to separate the purely professional practice from the sale of drugs; and we have here a retrograde scheme, not only to restore the union, but to jumble up together advice, medicine, and consultation in a common contract of a most degrading and objectionable form. These contracts will not be open to the profession generally. They are to be made for the special benefit of some selected individuals, who are to be certified as competent, and endowed with a sort of new diploma by the eminent gentlemen who are to constitute the Council of the Society, and we presume, also, the medical consultees. Pay your half guinea annually to this Society, and you are to be provided with medical, surgical, and pharmaceutical aid for life. There is no room left for the time-honoured *honorarium*, which has hitherto been the peculiarity of professions, and distinguishes them from trade. The right of fixing the value at which we estimate our services, and of regulating our charges less by the character of the service rendered than by the value of our time and skill and the ability of the person benefited to pay, is to be given up. It is by these nice distinctions and discriminations that we maintain our dignity before the public, and claim the confidence and respect of our patients. And now it is proposed to introduce all those elements of barter and relative value which degrade art and beget ungenerous competition.

Let us consider for a moment what would be said by lawyers, barristers, and judges, if it were proposed to form a "mutual legal aid society," and to select a solicitor here and there to conduct the legal business of the subscribers for the payment of an annual compounding fee. Could it be doubted how such a suicidal proposal would be received? And why should the medical profession be less jealous of its honour? The scheme must be universally and emphatically condemned, as being altogether derogatory to our professional status, and as introducing a new and invidious distinction between gentlemen who are equally competent, in a public point of view, so long as their diplomas are the same. Nor let the public be deceived. The scheme would certainly become an advertisement for practice. No eminent men will be found to lend themselves to this duty of selecting medical attendants for people "who do not know the comparative attainments of the medical men in their neighbourhood." It is hard enough for examining bodies to test the qualifications of the candidates; and how any "eminent men" can be supposed to judge we are at a loss to know. No; the question is trade, and nothing else. No doubt the public with slender means and more slender judgment will be glad to embrace this bait of limited expenses and diminished fees. But the more thoughtful will see in the proposals of this Mutual Medical Aid Society an effectual means of securing the services, not of the best and most skilful, but of the more needy, and of those who may be ready to barter their professional birthright for a mess of pottage.

Medical Annotations.

"Ne quid nimis."

THE NEXT ELECTION AT THE COLLEGE OF SURGEONS.

THE letter of Mr. Spencer Wells in THE LANCET of April 30th must have convinced our readers that that gentleman is prepared to support the cause of progress within the Council-room of the College of Surgeons. Mr. Wells, with reason, takes credit to himself for the liberal views held by a contemporary whilst under his guidance; and we could wish that his were again the guiding hand, at least for its readers' sake if not for its own. We think that the programme which Mr. Wells has put forward cannot fail to recommend him to those Fellows who have at heart the interests of the profession and the College of Surgeons as a corporation, quite apart from those of the small body which governs the College, or of the little knot of interested officials whose efforts to serve their friends and patrons have of late been so absurdly manifested. One ground of

merit which Mr. Wells has *not* mentioned we will venture to supply for him, and that is that he may be supposed to be free from the cliquism of individual hospitals which is too prominent within the College of Surgeons. There is a great deal too much still, for instance, of Guy's *versus* Bartholomew's; and as we are losing the services of two non-hospital Councillors in Mr. Swan and Mr. T. Paget, it will be well to reinforce the small body of presumably independent members by the election of one gentleman not belonging to a London hospital school.

Mr. Henry Lee's candidature is fully justified by his position on the poll last year, and by the fact that he is one of the senior Fellows by examination. Mr. Lee's statements last year, and the part which he has on several occasions taken with respect to questions of reform in connexion with the Metropolitan Branch of the British Medical Association, will, doubtless, secure for him a large amount of support, and enable him to assist the reform party in the Council.

As Mr. Holmes Coote has as yet given no indication of his views, we are unable to allude to them.

There is at the conclusion of Mr. Wells's letter, to which we have already referred, a passage to which we wish especially, and thus early, to call attention. It is that in which he "assures the Fellows that not one of them will be canvassed by himself or by any of his friends, or asked personally or by letter to support him." We wish that every candidate for the honour of representing the Fellows of the College of Surgeons would lay this to heart, and determine to act in the same spirit. Already we are aware that active canvassing in one quarter is going on; but it is especially to the day of election that we would refer. Last year witnessed the most open touting for votes, not among the personal acquaintances of the active emissaries, but amongst perfect strangers, who were caught on the staircase, earwigged, and left no peace until they had yielded to barefaced solicitations. We speak strongly because we feel strongly upon the subject, and shall be compelled, on any repetition of the occurrences of which we have spoken, to enter into the fullest details.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday evening, Sir Henry Thompson contributed a paper setting forth the results that he had obtained in 184 cases of lithotrity; and especially recording a variety of circumstances that had been omitted from the statistics brought forward by other surgeons. Detailed histories of the several cases were given; but these could not be read on account of the time that would have been required. The discussion that followed was chiefly supported by Mr. Cadge, Mr. Walter Coulson, and Mr. Erichsen; although other gentlemen put questions, or briefly addressed the meeting. Mr. Erichsen laid down the proposition that the time had arrived at which surgeons ought no longer to institute general comparisons between lithotomy and lithotrity, but to decide at once which operation was proper to be selected for a particular stone and a particular bladder. This view was more or less accepted by the author, and by every speaker; but no one attempted to lay down, for the guidance of the less experienced in such matters, the principles by which the selection should be determined. Sir Henry Thompson stated that he had performed lithotrity on every adult patient in whom the stone was estimated to be less than an ounce in weight; but we hardly think these two conditions alone would be generally accepted by surgeons as sufficient to determine their choice. The fact is that there is, in this metropolis at least, no entire accord about the matter; and the personal experience of those whose operations are comparatively few must often be insufficient to furnish them with trustworthy grounds of action in all cases. Sir Henry Thompson would render good service if he would bring before the Society his conclusions about the choice of an operation.

THE MEDICAL PLEBISCITUM.

THANKS to an energetic, honest, and worthy editor of a French medical periodical (*La Tribune Médicale*), our profession has, in Paris, its peculiar *plebiscitum*. M. Marchal (de Calvi), deeply impressed with the merit of Dr. de Robert de Latour, who for the last thirty years has been indefatigable in original researches, has appealed to the medical body at large to sign a request to the Government in order to obtain for Dr. de Latour a reward much prized by the French—namely, the cross of the Legion of Honour. The profession have numerously responded to the call, and the "ayes" have been showered in rapid succession upon M. Marchal's journal. The letters published are highly complimentary both to the editor and his *protégé*; and it is to be hoped that such generous exertions will be crowned with success. We are glad to see the medical press of Paris making so noble a use of its influence, and trust the powers that be will pay due regard to the wishes of our brethren.

Dr. de Latour has mainly endeavoured to show, by his investigations, that the application of collodion to the cutaneous surface subdues inflammation. He should not, however, be confounded with M. Amédée Latour, the editor of *L'Union Médicale*, to whom we referred in a late number (LANCET, April 9th). This *medicisitum*, as it has been facetiously called by some, reminds us of the subscriptions sometimes opened in this country to present some distinguished member of our profession with a token of esteem for services rendered to medical science and the public in general. The *kind* of reward is, however, generally different. We are not here very anxious for ribbons and stars, and the reward mostly takes a more tangible form. In case, however, of the display of much talent in conjunction with self-denial, the professional body might, perhaps, in these isles, stand up like one man, and request from the Government the honour of knighthood for a highly deserving individual. A distinction thus obtained would be more flattering than as the result of Court favour.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

THIS familiar document has made its appearance for the first time in a new and an immensely improved form. Hitherto its contents have been useful enough for certain purposes of broad generalisation about the state of the public health, as indicated by the deaths occurring in about 620 registration *districts*—that is, Poor-law Unions—of the country. But for the more important requirements of preventive medicine, greater minuteness of detail in respect of the nature of the fatal causes, and of the localities in which they occurred, has long been recognised and pointed out by us as essential to render the Quarterly Return as valuable to those engaged in medico-sanitary inquiries as it appeared to us capable of being made. All the knowledge to be obtained from the old Return of the fatality of the most destructive diseases had to be gleaned from the fragmentary notes which a few, and only a few, of the local registrars were in the habit of appending to their returns. The consequence was, that this kind of information was never available, either for particular localities, or for the whole country, until the publication of the Annual Report, always twelve months or more in arrear. Now, with the new Return before us, we can turn to any one of the 2200 registration subdistricts, and see out of the total mortality of the last

quarter how many people were killed by small-pox, measles, scarlet fever, diphtheria, whooping-cough, fever, and diarrhœa; how many deaths resulted from violence, and in how many cases such violent deaths were inquired into by the coroner; how many deaths occurred in large public institutions, and also how many infants in their first year and of persons over their sixtieth year have died. The inquirer will thus have an invaluable guide to the causes influencing the rate of mortality in a given place; the relative fatality of epidemic disease, and the proportionate mortality of children and old people, affording excellent tests in determining whether exceptional circumstances of sanitary condition, or of atmospheric changes, have interfered with the normal death-rate.

We must defer notice of the facts exhibited by the Return until we have had leisure to study its interesting and comprehensive details. The Registrar-General says that the utility of its publication has been for some time pressed upon him, but that he hesitated to undertake the work, because the analysis of facts has to be performed by the registrars, who may have a difficulty in classifying diseases which are not everywhere returned alike in medical certificates. As we have been among those who have urged the Registrar-General to take the step he has at length taken, we may be allowed to say that the success which has attended the experiment—for we are told that "this great work has been satisfactorily performed," and such appears to us to be the fact—proves that we had correctly estimated both the value of the Return and the practicability of its attainment. The few diseases specified have, for the most part, strongly marked characters; and although it cannot be expected of persons not qualified by medical knowledge to discriminate accurately in complicated cases the primary from the secondary causes of death, yet we apprehend that, by the help of certain definite instructions which Dr. Farr has no doubt provided, the chances of erroneous description cannot be very great, while they will have a tendency to diminish with practice.

THE STORING OF POISONS BY PHARMACEUTISTS.

THOSE who may be present—and a larger gathering than usual is expected—at the forthcoming annual meeting of the Pharmaceutical Society, to be held on Wednesday next, will proceed to discuss the question of the best mode of keeping and storing poisons, with a view to the more likely prevention of accidental poisonings in the future from careless dispensing; and the meeting will especially take into consideration the desirability of accepting the regulations proposed by the Council of the Pharmaceutical Society for general adoption.

It will be remembered that these regulations provide for certain alternative plans for keeping poisons, either in special places set apart for the purpose, or in bottles or vessels so made, marked, or closed as to attract the attention of the dispenser to the fact that he is handling remedies of a dangerous nature. We have already expressed our approval of these regulations. But we understand that considerable difference of opinion exists amongst chemists as to the advisability of accepting them even in a general sense, and that reluctance as regards this point arises in great measure from the fact that the proposed regulations do not happen to accord with the particular views and conveniences of pharmaceutists, who have been accustomed to follow certain plans of their own devising, and to which they are wedded, in storing poisons, or who have perhaps not taken any special care in the matter.

Now we sincerely hope that the members of the Pharmaceutical Society will have some little regard for the welfare of the public in dealing with this subject, and not be guided by any personal petty interests. There is a strong feeling abroad that accidents have been by far too frequent with dispensers of late, and the public are very sensitive on the point. The sooner some uniform method of procedure, by which the dispenser shall be certainly made conscious of the fact immediately that he handles deadly remedies, is known to be adopted, the better for pharmaceutists. If the Society is wise, its members will at once sink minor differences and selfish considerations, and set themselves resolutely to devise some scheme which will, by its general adoption, diminish the existing liability to accidental poisoning.

THE MEDICAL REFORM UNION.

THE meeting of the Medical Reform Union at the Freemasons' Tavern on Saturday last was not large, but it was large enough for the work principally to be done—namely, to transfer the local habitation of the Medical Reform Union from Birmingham to London, and to pass resolutions strongly condemnatory of the Government Bill, for two reasons in particular—first, that it makes no attempt to alter the constitution of the Council, and to make it more representative of the profession; secondly, that it gives independent powers to the Privy Council over the Medical Council. It was eminently reasonable that the gentlemen in Birmingham should ask for the transfer of the Union to London, not only for the sake of its greater effectiveness, but for their own relief. Few people can estimate the trouble that the promoters of the monster petition must have had. We have only to hope that similar meetings will be held in all the large towns, and that such an influence will be brought to bear on members of Parliament by their medical constituents that this Bill shall either be greatly altered or withdrawn. The Medical Council is scarcely into its teens yet, and now is the time to alter it if it is to be altered. And the Government should be made to feel that no Bill can pass which does not propose to do this.

We would urge upon medical men, at the present crisis, to take a little more of personal interest in medical politics. They have signed a huge memorial, and they have subscribed several hundreds of pounds towards the expenses of it; but more than this is necessary—namely, personal presence and trouble, if the independence and respectability of the profession are to be maintained.

DR. EDWARD SMITH ON WORKHOUSES.

WE are at a loss to understand what motive can have prompted Dr. Edward Smith to write a book, which has just come into our hands, "On the Construction and Management of Workhouses;" or rather we should be at a loss to understand that motive but for certain antecedent facts in Dr. Smith's career as an official of the Poor-law Board. When that gentleman was appointed to the first medical inspectorship ever instituted under the Poor Law there may have been doubts in the minds of some as to his fitness to deal with some practical developments of pauper sickness; but it was presumed that, at least, his influence would be altogether exerted in the direction of placing the management of workhouse infirmaries on a more scientific basis; and when to the office of "inspector" was added the somewhat vague title of "medical adviser to the Poor-law Board," it was considered that Dr. Smith had the enviable prospect before him of inaugurating changes of the highest practical importance to the community by compelling the attention of the Poor-law Board to the peculiar importance of sickness as a cause of pauperism, and the high economic

value of efficient arrangements for its treatment. The medical profession and the public have, therefore, naturally felt much disappointment at the successive appearances of Dr. Edward Smith as the semi-apologist of the condition of the London workhouse infirmaries in 1866 and of the Farnham Workhouse in 1867, and at the trifling character of the few improvements which he is known to have suggested in the treatment of sick paupers. As the author of the book to which we are referring he appears in a very singular character. Nine-tenths of the volume consists of a mere compilation of the official circulars and orders issued by the Poor-law Board during the last thirty years. The remainder is made up of Dr. Smith's exceedingly mild suggestions towards improvement in workhouse cookery and dietaries (which we noticed on their first appearance), and of some equally commonplace remarks on the construction of workhouse buildings. But the most amazing feature of the book is its pervading spirit of calm acquiescence in that view of society which the parish beadle habitually cherishes. "Public opinion," we are told, "is in favour of detached buildings," and a number of other things; and one is almost tempted to suspect that Dr. Smith approves of concessions to these prejudices merely as affording a useful diversion of the reforming spirit from more serious assaults upon the smug official routine which is so dear to Gwydyr House. We are irresistibly reminded of the words of the immortal Grummer, when questioned by Mr. Nupkins as to the state of the public peace in Ipswich (*temp.* Pickwick). "Public feelin," said Grummer, "has partially subsided, consekens of the boys havin gone to cricket." It would really seem as if Dr. Smith believed that public feeling about workhouse reform would not only practically, but altogether, subside if only the workhouses were always built in five blocks, the wards always ventilated with perforated air-bricks, and the paupers always allowed a respectable minimum of carbon and nitrogen in their diet.

THE EDINBURGH UNIVERSITY CLUB.

THE quarterly dinner of this fraternity took place on Wednesday, the 11th inst., Dr. C. J. B. Williams in the chair. In the course of his speech, proposing "Prosperity to the Club," the Chairman made touching and eloquent allusion to the great loss sustained by the medical world and the community at large in the death of Sir J. Simpson. The evening drew to a seasonable close after much agreeable entertainment, to which the vocal powers of several of the company contributed effectively.

PROPOSED INTRODUCTION OF POOR-LAW DISPENSARIES IN BIRMINGHAM.

IN the name of the profession we offer Mr. Goschen our hearty thanks for his letter to the Birmingham guardians, and particularly for his proposal to extend the dispensary system to this populous provincial town. Mr. Goschen will, doubtless, have a great deal of narrow-minded prejudice to overcome; and he will need not only great firmness, but the general support of public opinion. We therefore call upon the medical men of Birmingham to use all their social influence in favour of what must prove a great boon to the profession and the sick poor.

LINCOLN COUNTY HOSPITAL.

AT a time when civil disabilities of all kinds are being removed, the regulation in force at this charity, "that none shall be nurses or porters unless they are members of the Established Church," has a peculiarly sinister look. At a meeting of the Lincoln City Council, it was moved by Alderman Brogden, and unanimously carried, "That, until this regulation was repealed, the Council should withhold their annual subscription to the hospital."

The alderman incurred some personal vituperation from a local clergyman for what we cannot help thinking his quite justifiable conduct; and referred to his reverend censor's language at the last Council meeting. The Mayor made a well-meant but not very successful effort to extract the personal sting from the reverend gentleman's remarks, and concluded with the much more acceptable assurance that at the next general board meeting of the Governors of the hospital he should move for the abolition of the intolerant regulation.

THE GOVERNMENT MEDICAL BILL.

THE resolution of the Council of the St. Andrews Medical Graduates' Association noticed by us last week, approving of the single examining board for each part of the United Kingdom, and protesting against giving the universities power to grant degrees without special examination, has been communicated to Earl De Grey. In acknowledging the receipt of the letter, the Medical Officer of the Privy Council is instructed to inform the Association that "his Lordship intends to move, as an amendment to the Bill, the omission of university degrees from Clause 20."

MAURITIUS.

ALTHOUGH the fever by which this island was visited has in a great measure subsided, the disease cannot be said to have been extinguished. Cases still continue to make their appearance in Port Louis and its neighbourhood. Extensive works of a sanitary and engineering kind are required. No measures have as yet been taken for locating the troops in the highlands; and, as the occupation of this position will necessarily involve an outlay of money, it does not seem likely that they will be taken. Since the appearance of the fever, and especially of late, a gangrenous and inveterate form of ulcer affecting the lower extremities has been very prevalent in the island. This affection has chiefly appeared among the poorest classes, and those who have suffered from fever and are ill-fed and debilitated. Amputation even, in some cases, has been rendered necessary, and the result has not always been a favourable one.

COLLEGE OF PHYSICIANS, IRELAND: APPEAL CASE.

WE understand that a decision by the Visitors of this College in this important case, as to the admission of Dr. McSwiney and others to the Fellowship of the College of Physicians, and which was adjourned from January last, is likely to be settled within a few days; and as all the information on the subject at issue has been collected, and plenty of time given to the Visitors to come to some decision as regards the points in dispute, we cannot understand why it has been so long delayed. The matter is one which ought certainly to have been arranged one way or the other long ago.

THE BOARDING-OUT OF PAUPER CHILDREN.

AN order is in course of preparation at the Poor-law Board which will enable the guardians of the metropolis to board out many of their orphan and deserted children in country homes. Mr. Goschen has expressed his opinion in favour of the experiment being made under proper precautions and safeguards. It is to be hoped that a Ladies' Association will be formed, to assist in carrying out the plan. Such an Association would certainly stir up the guardians, and become a satisfactory medium of communication with places where the children may be boarded out.

BARON LIEBIG.

A TESTIMONIAL in money has been subscribed for presentation to Baron Liebig. At the Baron's request, however, it is to be devoted to the foundation of a prize, to be called the Liebig Medal, and to be from time to time awarded to the scientific investigator in agricultural chemistry.

A PUBLIC meeting in aid of the funds of St. George's Hospital, to enable the governors to open the wards of the new wing, will be held at Hanover-square Rooms on Thursday, May 26th, at 3 P.M. The Prince of Wales will preside, and his Royal Highness will be supported by the Marquis of Westminster, Lord Derby, Lord Granville, Mr. Disraeli, and other influential personages.

THE following members of the profession are among the list of fifteen selected by the Council of the Royal Society out of fifty-three candidates for the Fellowship: Dr. E. H. Greenhow, Dr. J. Jago, Dr. M. Tylden-Masters, Dr. W. H. Ransom, and Dr. S. Wilks. The election takes place on the 2nd of June.

MR. BARON PIGOTT has decided at Judges' Chambers that the medical reports furnished to the Brighton Railway Company respecting the persons injured in the New Cross collisions were privileged communications.

A PRAISEWORTHY instance of official promptitude is supplied by the Registrar-General's last Weekly Return, wherein the suggestion offered by us last week in reference to deaths in lying-in hospitals appears to have been at once acted upon. During the present year 17 women and 16 children have died in the four lying-in hospitals of the metropolis.

AT Willis's Rooms on Wednesday, the 18th inst., at 3 P.M., a special general meeting will be held of the British Medical Association, to consider the Medical Act (1858) Amendment Bill introduced by the Government, and now before the House of Lords.

HIS ROYAL HIGHNESS THE PRINCE OF WALES will preside at a special festival, to be held at Willis's Rooms on the 25th inst., on behalf of the Building Fund of the Hospital for Sick Children in Great Ormond-street.

A MEETING of the Association of Medical Officers of Health will be held at 7.30 P.M., on Saturday, May 21st, at the Scottish Corporation Hall, Crane-court, Fleet-street, when the following communications will be made: "On the Action of various Antiseptics on Fermentation and Putrefaction," by Mr. F. Crace Calvert, F.R.S., F.C.S.; "On the present aspects of the Sewage Question in relation to the Public Health, with a brief review of the First Report of the Commissioners appointed in 1868 to inquire into the best means of preventing the Pollution of Rivers," by Dr. Henry Letheby.

WE understand that the victualling and medical supplies of the naval hospitals have, on the urgent representation of the Director-General, been re-transferred to the Medical Department of the Navy, thus undoing the change effected about a year ago, which has been found to work unsatisfactorily. The supply of drugs to the navy has been given to Messrs. Barron, Harveys, and Simpson, of Giltspur-street, instead of the Apothecaries' Hall, whose prices have been found to be considerably larger than those of other houses in the drug trade.

LORD DERBY will lay the foundation-stone of the new Stanley Hospital at Liverpool on the 6th of June. The site for the building has been given by his Lordship.

MR. ROBERT BARNES, an ex-mayor of Manchester, who last year gave the munificent sum of £10,000 towards the purchase of the building now used as the Manchester Royal Infirmary Convalescent Hospital at Cheadle, has now sent to Dr. Reed, the medical superintendent, a further princely sum of £16,000 towards the erection of a new hospital.

DR. MATTHEWS DUNCAN will, we understand, succeed to the professorial chair in the University of Edinburgh vacant by the death of the late lamented Sir James Simpson.

UNIVERSITY OF LONDON.

ON Tuesday Convocation met at 5 P.M., and sat until 10 P.M.; Dr. Storrar in the chair. The report of the Annual Committee presented to the meeting contained several matters of special importance upon which discussions were taken. The first point related to the opening of the new building by Her Majesty, and Convocation adopted a resolution thanking the Senate for the arrangements made in reference thereto, and for the desire manifested by them to consult the wishes of the graduates. The report stated that a spacious room in the University building will be set apart for the use of graduates, and will be open for their reception throughout the year. It is believed that this may be made conducive, not only to the convenience and comfort of members, but to the promotion of more frequent and general intercourse among them than has hitherto been the case, and Convocation made a reference to its Annual Committee to consider in what way the new building can be best made available for the promotion of the principles and objects of the University, and associating more closely the members together. Last year Convocation requested the Annual Committee to consider whether it would be conducive to the interests of the University to abolish the existing regulations restricting the admission to the examinations for medical degrees to the students of certain specified medical schools. This point has been carefully considered, and a conclusion arrived at that it would not be advisable to abolish the existing regulations; but Convocation, on the recommendation of its Annual Committee, passed a resolution to the effect that the Senate should consider whether attendance at the principal foreign schools and hospitals might not, with advantage, be recognised by the University.

Recently the Annual Committee have concluded an elaborate investigation into the causes which have led to the great increase in the percentage of rejections at the Matriculation; and this seems to be explained, as far as can be ascertained, from an augmentation in the severity of the examination as a whole. A resolution was submitted to Convocation as follows:—

"That, in the opinion of Convocation, it is desirable that the Senate should consider the propriety of lessening the difficulty of the Matriculation examination."

Several amendments were proposed, but the original motion was finally carried. There appeared to be a strong disinclination on the part of many of the Arts graduates to attach any great value to chemistry; whilst, on the other hand, it was urged that the Matriculation was the common portal to all the faculties of the University, and that a knowledge of chemistry was most essential, at least to those who intended graduating in science and medicine. The general feeling seemed to be that there should be no lessening of the examination as regards its depth, but rather its breadth, and that certain subjects might be in some way grouped together more than at present.

A motion to refer to the Annual Committee to consider whether it would not be desirable to make alterations in

the existing regulations for medical degrees, especially as regards the dispensing with compulsory attendance on mere lectures, was negatived, on the understanding that this point should be raised in Committee by the proposer of the motion.

A motion, declaring it advisable to obtain for Bachelors of Surgery the same legal rights as are possessed by those upon whom surgical diplomas have been conferred by other licensing bodies, was withdrawn after the Chairman had explained that such rights would be secured to the holders of the B.S. if the new Medical Bill passed.

Some other and less important matters having been disposed of, the chairman (Dr. Storrar) and the clerk (Dr. Robson) were re-elected, the Annual Committee elected, and Convocation broke up.

MEDICAL REFORM UNION FOR THE AMENDMENT OF THE MEDICAL ACTS.

ON Saturday last, a general meeting of the profession took place at the Freemasons' Tavern, to receive the report of the Provisional Executive of the Medical Reform Union, and to discuss Earl De Grey's Bill for the amendment of the Medical Acts. The chair was taken by Mr. SAMPSON GAMGEE, vice-president of the Union.

The CHAIRMAN, in opening the proceedings, after expressing his regret at the absence of the president, Dr. Bell Fletcher, in consequence of urgent professional engagements, said it was not desired to pledge the meeting to a confirmation of all the acts of the Medical Reform Union, but simply to the practical adoption of the memorial movement, the acceptance of the Association as a fact, and the resignation of the Provisional Executive Committee. When its report had been received and adopted he would ask the meeting to elect a chairman under whose direction they might proceed to discuss Earl de Grey's Bill. It was because the mass of the profession had no voice in its own government or the management of its colleges that a reform was sought that should give them the position to which they were entitled. However little the Bill might yield to the prayer of the 9724 memorialists, he should be personally disposed to accept it, if it recognised the principle of self-government, and allowed the profession a voice in the General Medical Council. The Bill crippled the corporations without giving vigour to the profession; and it would be difficult to find arguments in favour of placing the profession practically under the control of a Government department. For the corporations and for the profession, the Government portal had over it Dante's famous line:—

"Lasciate ogni speranza, voi ch'entrate."

The leading idea of the Provisional Executive Committee had been to promote and cement the union of the profession. The responsibility of continuing the work rested with the meeting. Doubtless they might have done more and better if they had started with the experience they had accumulated. The chairman concluded by moving the reception and adoption of the report of the Provisional Executive of the Medical Reform Union.

Dr. J. G. DAVEY seconded the motion.

The resolution was then put and carried, and Mr. Gamgee resigned the chair, but was immediately re-elected to office, and the meeting then proceeded to consider Earl De Grey's Bill. Dr. Crisp was requested to act as secretary.

Mr. GANT moved the following resolution:—"That this meeting greatly regrets the omission from the proposed Medical Acts Amendment Bill of any amended scheme of representation in the Medical Council; and that to secure the representation of the whole body of members and fellows of the Royal College of Surgeons, provision should be made distinctly empowering them to elect the representative of that body in the Medical Council." The medical profession, he said, was at present totally unrepresented in the Medical Council, but the corporations possessed overwhelming strength in that body. He did not think that it would be desirable to send additional representative to the Council from the profession, because that would make the body far too large, and more time would be wasted even than at present; moreover, the representatives of the profession would, no doubt, be outvoted by the other members.

Dr. BELGRAVE said he would second the resolution if it was made to apply to all medical corporations instead of being limited to the College of Surgeons.

Mr. GANT said he was willing to amend his resolution in the sense indicated by Dr. Belgrave.

The resolution was accordingly altered so as to include "All members, licentiates, and fellows of medical corporations and universities in the United Kingdom."

Dr. DAVEY supported the resolution. Ever since he had been in the profession he had been struck with the want of proper organisation in the universities and corporations. They were called time-honoured institutions, but he would rather declare them to be time-dishonoured. (No, no.) They forsook the very principles of correct medical legislation; they neglected the interests of the many for those of the chosen few. Let the meeting consider for a moment how the College of Physicians was governed, and how the fellows were elected from the body of members. Could it be justified for a single moment? Again, would anyone be bold enough to maintain that the government of the College of Surgeons was what it ought to be? Those bodies ought to be made to feel that the pressure of the profession was upon them. Only let the profession be united, and a measure of reform would soon be obtained, the Privy Council would be put in its proper place, and the idea of uniting the medical profession to the State would be abandoned. (Hear, hear.)

Dr. CRISP said that no insect transformation was more wonderful than that which took place in twenty-four hours amongst the members of the Medical Council. (Laughter.) Although he agreed with the majority, he respected those men who stuck to their opinions, and he disapproved of the sentiment uttered by Dr. Andrew Wood that it was better for them to bend than to break. But then it was a money question, and that was the great evil which they had to deplore. In all the institutions, with scarcely an exception, votes were obtained by money. That was the case in the College of Surgeons and in the College of Physicians. (No, no.) He positively stated that it was so.

Dr. HARLEY.—Speaking for the College of Physicians, I say it is not.

Dr. CRISP then entered into some statistical details as to the representation of the three kingdoms in the Medical Council, with a view of answering a statement of Dr. Parkes that the direct representation of the profession on the Council might lead to an undue predominance of the English element.

Dr. HARLEY proposed the following amendment:—"That this meeting greatly regrets the omission from the proposed Medical Acts Amendment Bill of a clause to secure the direct representation of the registered members of the medical profession in the Medical Council, and would suggest that a clause giving direct representation to the registered members of the profession be inserted in the proposed Medical Acts Amendment Bill." He would leave it, he said, to the Government to find out how the representation would best be accomplished. If given through the medium of the corporations, it would not be direct but indirect representation.

Dr. ROGERS seconded the amendment. The corporations, he said, were not with the profession. He should always feel the deepest indignation at the manner in which he, as a member of the College of Surgeons, had been treated. He passed his examination two years before the last charter was obtained, whereby they constituted a body of fellows: they then elected a number of fellows from many other friends and favourites without asking them to subscribe a farthing, while other persons, if they desired to obtain a fellowship, were required to pay 10 guineas. He considered that a dead robbery.

The CHAIRMAN asked Dr. Rogers to withdraw or modify the term "robbery."

Dr. ROGERS.—Embezzlement. (Laughter.)

The CHAIRMAN.—Would you say "appropriation"?

Dr. ROGERS.—It was a grossly unfair proceeding, and it robbed him of what he considered his rights. He had never gone there since, but had sought honour elsewhere than at the College of Surgeons, which dishonoured itself by dishonouring its members.

Dr. ARTHUR OAKES thought it would be undesirable that the meeting should at present commit itself to an approval of the plan of representation through corporations, and

suggested that, before coming to a decision on the subject a committee should be appointed to deliberate upon it.

Dr. DAVEY opposed the appointment of a committee, and expressed a hope that the meeting would come to a prompt decision upon the subject.

Dr. DUDFIELD said there would be great practical inconvenience in electing representatives of the profession. If the different corporations enlarged their basis of representation, then representatives, instead of acting on behalf of the governing bodies of the corporations, would represent the members at large, and in this way the profession would secure a satisfactory representation.

Mr. HODSON RUGG said he was afraid, if the Government Bill became law, that very few persons would go to the corporations for degrees; and if the direct representation of the profession were not obtained very little good would be accomplished.

Dr. SEATON said he could not look on the Government measure in any other light than as being disastrous to the whole profession. The profession, however, were indebted for it to the corporations as they now exist. If the College of Surgeons and the College of Physicians had early enough perceived what was right, and united themselves into one faculty, the whole matter would have been kept in the hands of the profession instead of being taken away from it. A direct representation of the profession would, he thought, be best obtained through the corporations.

After some discussion as to the relative merits of the two methods of representation,

Dr. BELGRAVE expressed a hope that Dr. Harley would withdraw his amendment, and allow the motion to be carried without a division.

Dr. HARLEY said he was willing to withdraw his amendment if the meeting desired it, but he begged the meeting to bear in mind that if the principle of the resolution were adopted it would withdraw all power from future licentiates in medicine and surgery who did not join the corporations.

The CHAIRMAN suggested that it would be more satisfactory to take the sense of the meeting upon the question, rather than permit the amendment to be withdrawn.

Dr. HARLEY said that under the circumstances he thought it best that a vote should be taken upon the resolution and the amendment.

The amendment was then put to the meeting and carried by a small majority, and it was also put and carried as a substantive resolution.

Dr. DUDFIELD then proposed: "That in the opinion of this meeting the councils or governing bodies of the several medical corporations should be elected by the entire body of members, licentiates, and fellows."

Dr. DAVEY seconded the motion.

Dr. WILTSHIRE said that while they were endeavouring to reform the corporations the Privy Council would step in and carry their Bill. He had himself belonged to that department and had great admiration for Mr. Simon's genius; but he should be sorry to see the profession put into the hands of any one man. With regard to the colleges, he thought they had been too much abused. It was not true that fifty guineas would purchase a fellowship of the College of Physicians. No money payment would get it for any man.

The resolution passed unanimously.

Dr. HARLEY moved a resolution disapproving of the title, as proposed in the Bill, of "licentiate in medicine and surgery," and suggesting in its stead "medical licentiate."

The motion was seconded by Dr. BEVERLEY BOGG, but it met with but little favour, and after a short discussion it was negatived.

Dr. FELCE moved and Dr. ALLEN seconded the following resolution:—"That this meeting disapproves of the power proposed to be conferred upon the Privy Council by the Medical Bill now before Parliament."

Dr. HARDWICKE moved as an amendment, "That in the opinion of this meeting the Medical Acts Amendment Bill fails to represent the wishes of the general body of the medical profession, and that the further consideration of the subject be delayed until a more matured Bill can be laid before Parliament."

The amendment was seconded by Dr. GAGE BROWN. On being put to the meeting it was rejected, and the original motion was adopted.

It was then resolved that copies of the resolutions passed at the meeting should be forwarded to the Lord President of the Privy Council, the President of the General Medical Council, and the presidents of the several medical and surgical corporations.

A vote of thanks to the chairman brought the proceedings to a close.

MARLAND WORKHOUSE, ROCHDALE.

THE Report of the Visiting Committee of the Rochdale Guardians as to THE LANCET Report on the state of Marland Workhouse was presented to the Board last week. It consists largely of the usual denials and explanations which have invariably characterised such documents. The Committee admit that the nurse is in the habit of administering medicines from unlabeled bottles, and excuse the practice on the plea that the nurse knew the bottles by their difference of size. They affirm, on the authority of the doctor, that all bottles containing medicines supplied by him to patients are properly labeled; but they dare not say that there was a single labeled bottle in the workhouse at the date of our inspection. The bottles are all labeled *now*. The guardians did not know that a urine tub was in use, although it has been there many years: they have ordered its removal. The improper use of the fever wards, and the defective classification are said to be matters of necessity; but that, as far as practicable, attention is paid to them. The Committee are still of opinion that the dietary is sufficient. What we stated was that it was not weighed, and that there was no sufficient evidence that it was given to the inmates as prescribed. The children and inmates were, of course, brought up to deny what they had previously attested, and which had been proved by the schoolmistress, whose character for honesty and truthfulness we are in a position to maintain, and who has no motive for concealment. If there were no other evidence than the disease under which the children had been so long labouring, that alone would prove that they had been badly nourished. Nothing short of this could have reduced their vitality so low. The guardians have happily arrived at the conclusion that the school buildings are unsuitable, and that the health of the children would be promoted by removal, and they have resolved to adopt the boarding-out system in respect of some of them. The diet also has been improved. All this is at least satisfactory. We never denied that the medical officer had devoted considerable care and attention to the children, but it was admitted that no entry of the disease was made upon his books. Mr. Lawton was guilty of no special neglect of duty. He did a great deal more than the guardians paid him for. It is the system we attack; and if the work had been done as it should have been done, no epidemic skin disease could have assumed such a severe and persistent form.

This inquiry ought not to end here. Mr. Healey, one of the guardians, thought a vote of thanks should be given to Miss Whyte. He thought the inquiry would stir up the guardians, the workhouse committee, the doctors, and all the servants, and that it was a good thing these matters had come out. But if Miss Whyte is right, then the rest of the officers and inmates must be wrong. Justice ought to be done. Miss Whyte's position is at present most uncomfortable, and she ought to be supported in her duty as she deserves to be. We hope, therefore, that Mr. Goschen's attention will be drawn to the management of this workhouse, and that an official inquiry will take place.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—The annual dinner of the supporters of this institution has taken place this week at Willis's Rooms, under the presidency of Lord Enfield, M.P. During the year 1161 applications for assistance have been attended to; 105 patients and their families have received continuous relief in cash, clothing, meat, grocery, and coal tickets; forty-eight patients have been supplied with money only. Speeches in furtherance of the objects of the charity were made by the noble chairman, General Walker, Mr. Beresford, M.P., and Mr. E. H. Chandler, the honorary secretary, whose zeal and ability are commemorated in "the Chandler Fund," and to the charitable desires of whose family the hospital mainly owes its foundation.

Correspondence.

"Audi alteram partem."

THE BOUGIE A BOULE AND THE BOUGIE OLIVAIRE.

To the Editor of THE LANCET.

SIR,—Mr. Teevan is indeed in extremities for a defence, if it consists in the assertion that I do not know a bougie from a catheter! The instrument described by Mr. Acton in 1856 has an eye in it, it is true; but the whole gist of the matter, as Mr. Teevan well knows, lies in its *having the bulbous end, and in its extreme flexibility*; whether a hole is cut in it, to let the urine pass through, or not (Mr. Teevan perhaps is not aware that these French flexible bougies and catheters are alike *equally hollow*), makes no difference whatever as to the principle of construction, which we are discussing.

But the most complete answer to Mr. Teevan comes from his own mouth. If Mr. Quain, as he says, employed the bougie in question at University College Hospital so many years ago, why did Mr. Teevan suppress that important fact in his "history" until my letter elicited it, and state, as he had the temerity to do, that he (Mr. Teevan) introduced these instruments "into hospital practice about five years ago"?

That is the real question between us, and the occasion of my writing. Had he not claimed this priority, now confessed to be so utterly untenable, I should never have troubled you with a remark.

As to the rest, such as reference to the year 1867, to my "studiously suppressing," &c., all this is special pleading—a vain attempt to get rid of the fact, which I am compelled to restate, that Sir Henry Thompson described, gave drawings of, and strongly recommended the use of the bulbous-ended sound for the diagnosis of stricture, in his Jacksonian prize essay for the year 1852, at which early period the inability to distinguish between a bougie and a catheter, which Mr. Teevan suggests for me, may very probably, in strict truth, and not at all in jest, have been applicable to himself.

I am, Sir, your obedient servant,

Welbeck-street, May 9th, 1870. JOHN FOSTER.

THE HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—I have read with much interest the terse and valuable paper on this subject, by Mr. Weeden Cooke, published in your number of yesterday; and having myself advocated, in a letter dated March 11th, and published by you on the 16th ult., the efficiency of chloral as a palliative in malignant disease, I have perused it with even more than the ordinary attention which the literary ability of the author would of itself ensure.

I rejoice to find that Mr. Weeden Cooke remarks the same advantages to be possessed by it as I had myself drawn attention to—viz., that, while it does not produce headache, derange the digestive organs, nor cause loss of appetite or nervous prostration, it leaves the refreshing effects of a sound and placid sleep.

Mr. Cooke prefers ten-grain doses three times daily, or twenty grains if given as a night draught. Strange to say, my experience of it, and I have used it extensively, dictates large doses (say, thirty or forty grains) given alone as night draughts, large enough to cause sound sleep prolonged for several hours. Such doses have with me never produced delirium; but, on the contrary, *persons whose sleep has been disturbed by dreams after a small dose, have slept soundly subsequent to the receipt of a larger one.* Without doubting the accuracy of Mr. Cooke's observation, I query if the "severe bronchitis" which accompanied his case of mammary cancer would not have given rise to the "complaint of headache and some delirium at night," independent of the thirty-grain dose of chloral administered. A prolonged night's repose is always fraught with considerable advantage, particularly to those suffering from a painful disease, hence I invariably prescribe sufficient to procure it. Your obedient servant,

South Molton, May 1st, 1870. FRANCIS E. CLARKE, M.B.

To the Editor of THE LANCET.

SIR,—Perhaps you will spare a corner in your journal to allow me to tell your readers the benefit of hydrate of chloral in scarlet fever. For the last few months there has been a good deal of this fever in the neighbourhood, and although not very fatal, it has been very troublesome on account of the great itchiness that has attended the eruption. To alleviate this I had tried many things, but generally without success. At the suggestion of Dr. Aitken, the gentleman whom I assist, I prescribed the hydrate of chloral. Since then I have used it in a great many cases; and in every one it has not only allayed the itching, but I am satisfied prevented the disease from assuming an aggravated form. As this is a new remedy, perhaps others will give it a trial, and report the result of their experience.

I am, Sir, your obedient servant,

Hyson-green, Nottingham, April 28th, 1870. ALFRED BERY.

To the Editor of THE LANCET.

SIR,—A correspondent having expressed a wish that cases where chloral had been used should be reported, I beg to mention that I have used it in a case of cancer involving the whole of the left mamma and the axillary and cervical glands on the same side. The patient has had much more rest since the use of it was commenced, and appears very grateful for the relief. I gave it in fifteen-grain doses at first, but it soon ceased to act. I have increased the dose to thirty grains, and it has a very good effect. The vehicle has been water and syrup of orange-peel.

I am, Sir, your obedient servant,

Leigh Sinton, Malvern, May 3rd, 1870. GEO. F. KNIPE.

THE BILL AND THE MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—Lord De Grey has promised to amend those clauses of his Bill giving power to the Privy Council over the General Medical Council; but everybody is dissatisfied with the fact that he declines to make any change in the composition of the Medical Council. From the tenour of his Lordship's remarks in the House of Lords, his great objection seems to be to an enlargement of the Council, and this is an objection of great weight and reasonableness. I beg, Sir, to make a suggestion that will obviate this objection. If acted on, I believe the Bill would be much more acceptable to the profession.

My suggestion is to reduce the numbers of the present Council by combining the various licensing bodies in the choice of representatives. With one or two exceptions each licensing body now has a separate representative; my proposal is that two or more bodies should combine so as to be represented on the Council by one man. This would give us a Council with about half the present number of representatives of corporations, and leave room for the introduction of four representatives of general practitioners, two for England, and one for Ireland and Scotland respectively. In such a Council the representatives of the Crown, of the educating and licensing bodies, and of the profession, which is so deeply interested in all that is done by the Medical Council, and which supports the Council financially, would have a place.

Let me urge one or two considerations in support of this plan which, I hope, may commend themselves to Lord De Grey, and failing this to some statesman in the House of Commons.

First. The principle of this suggestion is consistent with a principle in the Act of 1858. It is one of the mysteries of that Act that, whereas it assigns one whole representative to the little University of Durham, which has very few medical graduates, and a very slight medical history, it

gives only half a representative to Edinburgh, Aberdeen, Glasgow, and St. Andrews respectively; that is to say, one to Edinburgh and Aberdeen, and one to Glasgow and St. Andrews. The graduates of each of these universities are to be numbered in thousands, and yet two of the universities have to combine to elect one representative in the Council. This is a monstrous inequality, and should be rectified in the present Act. The inequality is only less indefensible when the case of the other English universities is compared with that of the Scotch. Either Edinburgh and the other Scotch universities should have separate representatives, or the principle of making one man represent two similar bodies should be applied all through. I am glad this principle found a place, though I think a very wrong place, in the Act of 1858.

Let me urge, secondly, in support of this plan, that it is consistent with the main principle of the Bill of 1870, which is to assert the essential unity of medicine as including every part of the healing art. If it is possible and well that two universities, with all their faculties and their various medical degrees, should be represented by one man—and no one will say that the universities which have been so represented in accordance with the Act of 1858 have been badly represented—then it is possible to combine the representation of corporations, especially if, as this Bill suggests, the great healing art is one and indivisible—one faculty.

Thirdly. I will only assign one other reason in support of what I suggest—namely, that, while enabling a direct representation, it will reduce rather than add to the numbers of the Council, and so reduce the cost, which Mr. Lowe and all who have considered the matter think very great, and which is now seriously exceeding the income.

There can be no doubt, Sir, that the predominant representation of the corporations in the Council is a weakness in that body, and that, but for this, we should never have heard of the humiliating proposal of this Bill to bring the whole Council, and all its highest work, under the check of a Government department. I hope my suggestion may find favour with the profession, and an advocate, if not in the House of Lords, then in the House of Commons.

I am, Sir, your obedient servant,

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THE OPERATION OF EXTIRPATION OF THE COCCYX.

To the Editor of THE LANCET.

SIR,—In the *American Journal of Obstetrics and Diseases of Women and Children*, Dr. Nott claims to have been the first to extirpate the bones of the coccyx for the cure of coccydynia. The statement has been largely copied in this country and on the Continent. I take the liberty of correcting the misstatement in your widely circulated columns.

It is more than eight years since I assisted Sir James Simpson to extirpate the bones of the coccyx in a case of inveterate coccydynia, for which repeated subcutaneous incisions had been made. It was followed by complete relief, and I had the opportunity, four years after the operation, of examining the parts after the death of the patient. I have since performed the operation myself, but not with complete success.

Dr. Nott's operation in his case is open to serious criticism, as being most unnecessarily severe. There are but few cases of coccydynia which resist the subcutaneous incision, and he confesses that he has never yet tried it.

I am, Sir, your obedient servant,

May 5th, 1870. LAWSON TAIT.

THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—As a member of the original Graduates' Committee, I cannot but remember at this period, when the new buildings of the University of London are to be inaugurated by Her Majesty Queen Victoria, that it is to an article of THE LANCET we owe the movement which led to the Graduates' Committee, the new Charters, the admission of graduates to the Senate, the existence of Convocation, and, in fact, the University as it now stands. If you turn to THE LANCET of March 6th, 1847, you will find the article to which I refer. It sounded as a tocsin to the graduates of that day. Indeed, you could not do better than reprint the article at the present time. It will be seen to be almost prophetic as to the destinies of the University, and show how large a debt of gratitude we owe to the leading medical journal.

I am, Sir, your obedient servant,

A MEMBER OF THE GRADUATES' COMMITTEE.

London, May 9th, 1870.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

REOPENING OF THE SCHOOL OF MEDICINE.

ON Monday last the doors of the School of Medicine were thrown open to the students after a recess of about three weeks, brought on by the events which I related in preceding letters. Some anxiety was felt lest the violent scenes of the beginning of April might again take place, and this apprehension was entertained not only by the authorities, who would have been much embarrassed, but by such of the students as are verging on the end of their studies, and could not undergo any fresh postponement without much inconvenience.

Happily, these fears turned out to be vain. The attitude of the students was quite calm and decorous, and no manifestations took place even at M. Tardieu's lecture. A very proper measure had been adopted in connexion with this course. The Dean had delivered special cards to such of the students only as had entered their fourth year's studies, which include forensic medicine, and only about three hundred alumni therefore attended M. Tardieu's lecture. Among these there were about half-a-dozen perturbators, who, beholding the decided and sympathetic attitude of the vast majority of the assembly, soon disappeared, after having protested and uttered various cries of disapprobation.

M. Tardieu then warmly thanked the audience for the sympathy which they had manifested in his favour, and having once more justified his professional conduct, resumed his course at the point at which it had been left before the affair of Tours, and concluded his lecture amidst general applause.

ELECTION TO THE CHAIR OF GENERAL PATHOLOGY AT THE SCHOOL OF MEDICINE.

The election took place a few days ago, the candidates being only two in number—M. Chauffard and M. Potain, both physicians to the Necker Hospital, and men of considerable distinction. M. Chauffard, who has written a treatise on General Pathology, has, so to say, established a claim to the vacant chair, and this probably served in some measure to secure his election, as M. Potain's views and doctrines represent more faithfully the teaching of the Paris faculty, and are more acceptable to its professors. The contest was a close one, M. Chauffard coming in first with fourteen votes, and M. Potain second with thirteen; there was one blank vote.

GENERAL MEETING OF THE FRENCH MEDICAL ASSOCIATION.

You must not expect, under this heading, to receive any amount of scientific or professional information to be compared with what is presented at the meeting of the British Medical Association. The French Medical Association, though it has a large number of adherents, and enjoys much influence, is comparatively speaking but a friendly society of medical men formed to assist unfortunate members of the profession or their families. It concerns itself with questions of medical ethics, it is true, where some of its members are concerned; but it has nothing to do with scientific debate or research like our own association, and neglects all questions of medical reform, sanitary advancement, &c. &c.

Taking it as it exists, it undoubtedly does much good. At its last general meeting on Sunday, M. Amédée Latour, the spirited and indefatigable secretary of this institution, added the most attractive feature to the *séance* by delivering a long and very eloquent discourse, in which he set forth the value of the Association, and the good work

which it had accomplished, and noticed the satisfactory condition of its finances, &c. A part of his harangue, however, was devoted *en passant* to various questions which had been agitated by the general press concerning the profession. Thus, he warmly vindicated medical men against the charge of neglect which had been brought against them by many organs of the press for not getting up at night when called for by patients; and stoutly defended the professional men incriminated in the recent cases of Puyparlier and Teulat. M. Tardieu also found a warm and devoted advocate in M. Latour. The talented and eloquent secretary of the Association spoke in touching terms of M. Tardieu, in connexion with the recent manifestations of the students, and elicited enthusiastic applause.

DOINGS OF THE INTERNATIONAL SOCIETY FOR THE CARE OF THE WOUNDED.

On Thursday last took place at the opera a subscription ball for the benefit of the above institution. It turned out a splendid and profitable *fête*. As much as 30,000 francs were gathered on the occasion. The Society is well patronised, and enjoys growing favour in Paris. Among the persons present at the ball were to be observed almost the whole diplomatic body, Marshals Leboeuf, Canrobert, Bazaine, &c. &c., and a galaxy of "fair ladies." It is said that at the next camp meeting at Chalons, the ambulances will bear the red cross of the International League.

GENERAL MEETING OF THE LEARNED SOCIETIES OF FRANCE.

The delegates of the learned societies of France held their annual meeting at the Sorbonne a few days ago. As usual, the assembly was divided into three sections—science, archæology, and history. There were but few medical contributions. M. Simonin, of Nancy, recorded the results of surgical operations performed during thirty-four years at the hospital of the town, and which showed the benefit of the employment of anæsthetics; M. Chassagny, of Lyons, stated the necessary means for facilitating vaccinal inoculation, the gathering of vaccine, and its proper preservation in tubes, &c., the means consisting in the use of a peculiar instrument, which, when once dipped into the lymph, may be employed for three or four punctures without any fresh provision of vaccine, and in the use of capillary tubes arranged in series of ten, and which may be closed by a mixture of starch and gum. MM. Feltz and Ritter, of Strasburg, communicated the results of several experiments connected with the action of the various principles of bile on the organism, and serving to elucidate the pathogeny of hæmorrhagic jaundice. Lastly, M. Chervin read a note on stuttering, in which he showed the easy cure of this infirmity.

Paris, May 3, 1870.

Obituary.

SIR JAMES YOUNG SIMPSON.

On Friday, the 13th inst., was consigned to its last resting place the mortal part of Sir James Young Simpson, Bart., for thirty years Professor of Medicine and Midwifery in the University of Edinburgh. No physician of our time has been followed to the grave by mourners more numerous, more diverse, or more sincere. As a man, as a citizen, as a practitioner, and as a *savant*, his rank was among the foremost, while in his combination of all these capacities he was, perhaps, unique. Great as were his achievements in the worlds of practice and inductive research, the lesson taught by his life is his most precious bequest to posterity. It is a lesson, indeed, of which his native land has often been the teacher, but one which can never be too often taught. His father was a baker in the village of Bathgate, in West Lothian, some twelve miles from Edinburgh, and James Young Simpson, born on June 7th, 1811, was the youngest of three sons. When yet a mere boy James was apprenticed to his father's trade, in Dean-street, Stockbridge, Edinburgh, but soon betrayed his capacity for work of a very different kind. Aided by the example and advice of his elder brother, who seems to have proved to him what Gilbert Burns was to Robert, the poet, the baker's boy set himself to improve upon the already substantial elements of education which are always vouchsafed to the humblest child in Scotland. After the burden and heat of the day—

"Non indecora pulvere sordidus,"—

he was invariably found conning his Ruddiman, and, amid the jeers of a thoughtless rabble of urchins under his window, continued evening after evening to force his way through the crust of the dead languages. From this self-imposed curriculum he passed to the University, where, as a bright dark-eyed lad, of homely yet *distingué* appearance, he attracted the notice of Professor Pillans, himself a son of the soil, and ever on the watch to give a helping hand to all youthful aspirants. He commenced his medical curriculum in 1827, with the energy and enthusiasm of one who has struck the path to which he feels he has been predestined. The "first turf," so to speak, was cut on his career, and compared with his fellows, his progress was that of the railway carriage as against the post-chaise. In 1830 he became licentiate of the Royal College of Surgeons of Edinburgh, after which he applied for the parochial surgeoncy in the village of Inverkip, on the Clyde. This situation, however, fortunately for himself and for science, he failed to get,—a disappointment which, as he afterwards said, cost him a heavier pang than many a far greater discomfiture. In 1832 he obtained the *summa in medicinâ honores*, and his inaugural thesis so impressed Dr. John Thomson, the Professor of Pathology, that he made its young author his class assistant. The catalogue of the preparations in the pathological museum was one of his earliest performances, and in its lucid and vigorous descriptions, written in a bold, almost boyish, hand, may be seen to this day the fair augury of the future professor. He continued to struggle on as an extra-academical lecturer on midwifery, winning the admiration and attachment of his fellows, by whom he had been appointed President of the Royal Medical Society, and leaving everywhere the impression that a new light might any day burst on the medical world if the opportunity were but afforded to the young, keen-eyed, yet almost femininely soft-mannered physician. That opportunity came with the death of Dr. Hamilton, in 1840, when the Chair of Midwifery fell vacant. The patronage was vested in the Town Council. Politics and local considerations played a prominent part in determining the choice of that body, composed, as it was, mainly of the *bourgeoisie*. The contest was severe; but, owing chiefly to the exertions of Sir William Drysdale, Mr. Law, the Dean of Guild (now Lord Provost), and Mr. Duncan Maclaren (now M.P. for Edinburgh) Simpson carried the day, in the teeth of competitors from nearly all the great centres of medical education. A happier choice was never made; and when, in 1858, the Town Council was deprived of its patronage, its vindicators appealed to such elections as that of Simpson and of Sir William Hamilton, four years earlier, as proof of the ability with which they had exercised their trust; forgetting that in both cases the successful candidate was elected only after the opposition of the majority of the council had been overawed by public opinion. At the age of twenty-nine, James Young Simpson was at length in the position where he could give his genius full play, and the class of midwifery, which had somewhat languished under his shrewd, accomplished, but rather easy-going predecessor, became at once among the most attractive in the university. His course of lectures was a model for the clearness with which the theoretical department was kept detached from, yet made to fit in with, the practical, whilst the attention of the class was always enlivened by exquisitely apposite anecdotes felicitously told. His popularity as a practitioner kept pace with his acceptance as a teacher; and in the former capacity Nature seemed to have endowed him as happily for success as in the latter. His winning manners, his power of entering fully and at once into the mind and heart of the patient, the impression he created of a man's strength with a woman's tenderness—the hand of iron in the glove of velvet—wonderfully reinforced his professional sagacity and skill. His services were in far greater request than he could adequately meet; and while he had to enlarge his house and convert it into something like a private hospital for the reception of those who insisted on being always as near him as possible, he yet incurred a good deal of evil-speaking from the inevitable breaches of punctuality

he committed. But even with those narrow-minded people who could make no allowance for his position, he had but to pay the longed-for visit, and the domestic cloud would vanish before the sunshine of his presence. Seven years, however, had barely elapsed when his restlessly inquisitive mind wrung from nature a secret which was destined to bring comfort and calm into households he was never to enter, and to patients he was never to see. Anæsthesia was a physical condition for which the physician and the surgeon had long been seeking a safe and certain agent, but with very partial success. In 1846 etherisation was first applied by Morton, a dentist of Massachusetts, and the good effects produced by it gave a fresh impulse to the search for anæsthetics. At last Simpson, acting upon a hint supplied him by Mr. Waldie, a chemist in Liverpool, made a series of experiments with chloroform, and so succeeded in assuring himself of its efficacy that he did not hesitate to proclaim it to the world as the long sought for yet finally discovered anæsthetic. Before making this announcement he had satisfied himself, at the cost of much labour and of many hundred pounds, that chloroform was open to no serious objection in competent hands—a conclusion which was more than confirmed by thousands of eager and enthusiastic experimenters. The discovery at once wafted him to a height of fame parallel if not superior to that of Harvey, of Jenner, of Hunter, or of Bell; and though, as usual, the spirit of detraction has not been asleep, and attempts, as elaborate as they are ungenerous, have been made to dethrone him, his triumphant replies to his assailants, particularly to the latest and most formidable of them, Dr. Bigelow, have strengthened his position by bulwarks which nothing can shake. Those, indeed, who questioned his right to the name of discoverer only betrayed their incapacity to take the soundings of his intellect. Few men in modern times have possessed in equal measure with himself the combined strength and nimbleness of faculty by which alone Proteus is to be fettered or Psyche to be caught; few indeed could so wrestle with the fleeting spirit of science and refuse to let it go till, like Jacob of old with the angel, he had wrung from it a blessing. The hostility he roused had its roots in that subtle combination of envy and fear with which the mere man of talent looks upon the man of genius—a hostility ancient and ineradicable—displayed not only towards him, but towards every thinker of every age who soars on wings denied to his contemporaries.

His professional and scientific advance was now coincident with his advancing years. Like Dante on the slope in the "Inferno," he climbed

"Si che'l piè fermo sempre era'l più basso."

But his ascent was relieved by many half-way houses of inquiry on the level he had gained; and particularly in antiquarian research he amassed a store of detail which of itself would have sufficed to perpetuate his memory. Just as he would employ the intervals of a tedious case in a lady's boudoir or by her bedside in preparing his literary contributions to the medical and scientific journals, so he would amuse himself in a visit to a remote part of the country by researches into the local traditions, into the remains of Roman or still earlier occupation—by collecting and assorting the dry bones of history. Here, again, his capacity for picking up knowledge was wonderful. He had in a moral sense, what he professed and practised in a physical, the art of "delivering" the most casual cross-comer of his special knowledge—the τέχνη μαιευτική so humorously claimed for himself by Socrates. The essence of these curious investigations he would embody in a paper to be read before the Royal Society or the Society of Antiquaries, and the archives of these institutions are enriched by communications on such subjects as "Roman Medicine Stamps," "Medical Officers in the Roman Army," "Ancient Notices on Leprosy in Scotland," and many of similar tenor. A more elaborate work was his "British Archaic Sculptures," of which men who make the study of antiquities the business of their lives speak with the profoundest respect; while his long-promised, but, we believe, unfinished work entitled "Aemona; or, notices of an oratory on the island of Inchcolm," is one among a host of the other antiquarian inquiries which, imperfect though they be, yet explain the appreciative mention made of their author in the "History of Scotland," by Dr. John Hill Burton.

Honours, academic, royal, and municipal, now poured down upon him "thick as leaves in Vallombrosa." In 1849 he was elected president of the Royal College of Physicians; in 1852 president of the Medico-Chirurgical Society; in 1853 Associate of the French Academy of Medicine; in 1856 he received the Laureateship and Gold Medal of the French Academy of Sciences and the Montoyn Prize of 2000 francs; while in the same year King Oscar, of Sweden, conferred upon him the Knighthood of the Royal Order of S. Olaf. But the fierce light of popularity that beat upon him did not dazzle his vision or deflect his energies from his great calling—the relief of the suffering of mankind. In 1858 he demonstrated by an elaborate series of experiments the superiority of inorganic over organic sutures in surgery, and urged the substitution of gold, silver, or iron wire for the silken or hempen thread then almost universally in vogue. In spite of the jealousy of his surgical brethren, his recommendations are now adopted all the world over; but his theory and practice of acupressure as a mode of arresting hæmorrhage from divided arteries, most ingenious and efficacious as it was, tried their self-love still more. We need not recapitulate the ignoble opposition his paper encountered at the hands of his local contemporaries. Suffice it to say that his great work on "Acupressure," published in 1864, and received with applause by European and Transatlantic surgeons of the highest stamp, more than compensated for the ungenerous treatment vouchsafed to him at home; while the success of the device proved in impartial and able hands so signal as almost to justify him in his oft-repeated saying that the invention of acupressure would one day do more than even the discovery of chloroform for his fame. In January, 1866, he received, in consideration of his services to science, the honour of a baronetcy, which was followed up by the bestowal on him of the degree of D.C.L. at the Encænia in Oxford in the same year. With every fresh dignity conferred upon him, he proceeded to earn a claim to others still higher; and, accordingly, fresh from the labour of devising and establishing acupressure as a resource of surgery, we find him entering upon a still wider question, that of the aggregation of the sick and hurt in hospitals. The controversy roused by his very striking papers is still undecided; indeed, the last of his rejoinders to the assailants of his views in THE LANCET was promised to us—a promise which remains unfulfilled. But whether or not his generalisation is too wide for his premises, it will be conceded that he has propounded a most momentous and far-reaching problem, and called the attention of the medical world to phenomena and to facts which, but for him, would have awaited a much later, if even less sagacious inquirer. Among his manuscripts there is also, we believe, a partially finished scheme for stamping out zymotic disease in general, and small-pox in particular; and this, we hope, will at no distant day see the light for the instruction of the profession and the benefit of mankind.

Successful beyond precedent as was his career, it was not unchequered either by domestic suffering or public disappointment. He lost several of his children—a bereavement which, with his strong capacities of affection, could not but afflict him sorely. Perhaps his most poignant wound was that inflicted by the death of his son, Dr. David Simpson, in his twenty-sixth year, to whom as the inheritor of much of his talent, he looked forward as also the transmitter of his name and title. Again, the acerbity, not to say the unfairness, with which his claims as a discoverer or inventor were canvassed, told injuriously upon him; and, most of all, when the post of Principal of the University, which a majority of the curators had decided on awarding to him, was withheld from his grasp by the intervention of some of his colleagues. The bitterness of the disappointment was but partially assuaged by the great and unusual public honour vouchsafed to him in October, 1869, when he was presented with the freedom of the City of Edinburgh by Lord Provost Chambers, whose speech elicited from him a reply full of honest pride in his personal history, with the least touch of spleen at the ungenerous hostility of his academic brethren. He could always, however, even in his most embittered hour, fall back upon the appreciation, as discriminating as it was fond, of the mass of his fellow-countrymen. Since the days of Sir Walter Scott, we doubt if there was a Scotchman who commanded so much hearty and loyal affection from all grades of the people. He typified in his own person so much on which the Scottish nation

prides itself: he was a son of the soil; he was the architect of his own fortunes; he was pious without cant, and Godfearing without austerity. His almost fierce intensity in the pursuit of facts was relieved from hardness or literality by his generalising power, under whose sway the scattered phenomena of science would rise up and settle into form, symmetrical and soft in outline. He had a lively fancy which sparkled as wit; and a genial imagination which glistened as humour. He was a "kindly Scot," in the twofold sense of that epithet, hospitable at home and free-handed abroad. His house was a sort of metropolitan Abbotsford, in the easy access to it enjoyed by the stranger, from whatever part of the world he came, with or without a formal introduction. The daily luncheons, at which the student of ethnology might have found guests illustrative of his whole science, were among the features of Edinburgh, which few visitors failed to appreciate, enlivened as they generally were, if only fitfully, by the presence of the genial professor, whose love of fun, even to the verge of mischief, relieved the more serious topics of conversation. In society he moved about in the most versatile capacities, now as Prospero, with his power over the living elements, now as Ariel, in the resuscitated regions of the past, now as Puck himself in the diplomacy and intrigue of the present. The marvel is not only that he played so many parts at once, but also that he played them all so well and so long. Indeed, it was but a few weeks before his death that signs of impaired health appeared. The liberties he took with his constitution may be inferred from his proceedings in 1866, when he went to the Oxford Encænia. The day after he was made D.C.L., he started for Devizes, which he reached in the evening, when he took a hasty meal and drove to Avebury to see the standing stones, not getting back till midnight. Next morning by five o'clock he was in his carriage *en route* to Stonehenge; and on his return took the train to Bath, where he examined the antiquities of the neighbourhood. Arriving in Edinburgh at midnight, he found a telegram summoning him to Northumberland. Snatching a few hours' sleep, he caught the 4 A.M. train to London, thence to Northumberland, where he saw his case, and started again for Edinburgh to resume his work. What constitution could stand such tear and wear? A rheumatic seizure in 1867 had shaken his system; and impairment of the heart's action had set in. Gradually *angina pectoris* declared itself, insomuch that, in December last, a lady, while waiting for him one day in the room next his consulting-room, heard a loud scream of intense agony. It was from Sir James Simpson that it proceeded; and a large dose of chloric ether having given him relief, he resumed his work. This was the state of his heart when he undertook two fatal journeys to London. In the spring of the present year his exertions were such that almost his only sleep for a fortnight previously was in a railway carriage. But yet he gave evidence at the close of February in the Mordaunt trial, and, owing to the delay in the transmission of a telegram, he had to make the journey twice. He suffered greatly from the severe cold on his return, and was hardly able to get to the university, where he delivered his last lecture. Shortly afterwards, he took to the sick bed, from which he never rose. The progress of his disease was steady and rapid. On Saturday, the 30th ult., a change came over him distinctly for the worse. He lost his mental activity, and could answer, but not ask questions. Œdema of the lower extremities set in; dyspnœa, with occasional anginous spasms, became urgent; and on the 6th of May, at ten minutes to eight in the evening, Sir James Young Simpson expired.

We have been informed by Mr. Jonathan Hutchinson that the honour of burial in Westminster Abbey was very nearly obtained for Sir James Y. Simpson. The proposal originated in London, and was warmly taken up by a large number of those who admired Sir James's character and his unselfish devotion to the advancement of our art for the benefit of humanity.

Sectio Cadaveris of the late SIR J. Y. SIMPSON.

The autopsy was made at his residence, Queen-street, Edinburgh, on Sunday, the 8th of May, 1870, at half-past 2 P.M., forty-three hours after death. The examination was conducted by Dr. J. Bell Pettigrew and Dr. John Chiene, in the presence of Drs. Andrew Wood, Warburton Begbie, and John Moir, and Dr. Munro, the late Sir James Simpson's assistant.

External appearances. — The body was well nourished. Decomposition had set in. There was considerable discoloration in the lower part of the face, and in the neck and upper part of the chest.

Head.—After reflecting the scalp, which was thicker than usual, the following measurements were taken:—Circumference, below the frontal eminences and over the occipital protuberance, 22½ inches; length from ear to ear over vertex, 13 inches; length from occipital protuberance to a point between the superciliary ridges immediately above the nasal bones, 13 inches. The skull-cap was removed with difficulty, the dura mater being adherent. There was considerable subarachnoid effusion. The brain was then carefully removed. The internal carotid arteries were about twice their normal size, and their walls were much thickened. They were unusually patulous. The basilar artery and its branches were somewhat enlarged, and showed masses of atheromatous deposit. The anterior, middle, and posterior cerebral arteries were also atheromatous; in short, all the arterial vessels of the brain, as far as could be seen with the naked eye, were atheromatous. The weight of the entire brain, after the dura mater was removed, was 54 oz. The cerebellum was then detached by dividing the crura in front of the pons Varolii; it weighed 5½ oz. The convolutions of the cerebrum were remarkable for their number, depth, and the intricate nature of their foldings. They were packed and twisted on each other in such a manner that many were dwarfed, and failed to reach the surface. The plethora of grey matter occasioned by this arrangement was most evident in the anterior lobes and islands of Reil. On section, the brain was congested, but otherwise healthy. There was no fluid in the ventricles.

Thorax.—The pericardium was enveloped by a layer of fat, in parts nearly half an inch in thickness.

Heart.—The organ contained no clot, and weighed 18½ oz. It was dilated, flaccid, and pale. The right ventricle, on its external surface, was loaded with fat, as was also the left, though in a minor degree.—Right ventricle: The cavity was dilated, and the walls were pale and infiltrated with fat. Towards the apex they were of a deep-purple colour, and at this part the endocardium was thickened, and of a deep-red colour, with greyish patches interspersed. The lining membrane was otherwise healthy. There was evident thinning of the walls towards the infundibulum, where the muscular tissue was almost entirely replaced by fat. The tricuspid and pulmonary valves were healthy. The right auriculo-ventricular orifice admitted three fingers. — Left ventricle: The cavity was dilated, and the walls, which were slightly hypertrophied, were pale and fatty, as in the right ventricle. At the left apex, on its septal aspect, the wall of the ventricle was thinned, and the muscular substance replaced by fibrous tissue. At this point there was an aneurismal dilatation the size of a pigeon's egg. It communicated by a large opening with the cavity of the left ventricle, and was filled with firm, fibrous coagulum, which projected through the opening into the cavity. The left auriculo-ventricular orifice admitted two fingers. The septal segment of the mitral valve was atheromatous, thickened, and of a deep-purple colour. The aortic valve was competent; the segment of the valve opposite the mitral opening was, however, of a deep-red colour, and considerably thickened. The aorta was slightly dilated, and atheromatous.

Lungs.—Slight pleuritic adhesions were found on the right side. The right lung on section was observed to be intensely congested, the congestion gradually increasing towards the base. In the latter situation the lung presented a remarkably deep vinous colour, resembling black-currant jelly, and indicated a certain amount of diffuse pulmonary apoplexy. This part of the lung sank in water. The left lung was in a somewhat similar condition. In it, however, the congestion had not proceeded so far.

Abdomen.—On making a longitudinal incision along the median line, the abdominal wall was found to be rather more than an inch and a half in thickness, and consisted chiefly of fat. The omentum was loaded with fat.

The *liver* was slightly fatty, and weighed 4 lb. 3 oz.

The *kidneys* were slightly increased in size, and each of them was enveloped in a layer of fat about half an inch in thickness. The capsule of the right kidney was normal,

and, on being stripped off, revealed a smooth surface. The vessels on the surface of the right kidney were found to be minutely injected. On section, the substance of the right kidney presented a deeply congested appearance. It was of a purplish, mottled brown colour, and here and there yellowish-white, irregularly shaped patches, about the size of a small bean, could be detected. The left kidney resembled the right, with this difference, that at the points where the white irregularly shaped patches occurred in the right, recent clots of dark blood were found.

The *spleen* was somewhat larger than usual. On section, a considerable quantity of dark jelly-looking blood escaped, which greatly diminished its size. The substance was unusually pulpy. Altogether, it resembled a mass of black-currant jelly.

There was no fluid in the cavity of the peritoneum.

No further examination was made.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the final examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on May 3rd and 4th:—

Bayliffe, Alworth M., L.S.A., Chippenham, Wilts.
Bowles, William W., Folkestone.
Brash, Edward A., Exeter.
Butler, William J., Albion-street, Hyde-park.
Collins, Edward L., L.S.A., Canterbury.
Dutt, Russick Laul, L.S.A., Calcutta.
Gamble, Charles E., L.S.A., Fulneck, near Leeds.
Gibson, John C., L.S.A., Brixton, Surrey.
Healey, Thomas St. Clair, Hull.
Hunt, Thomas Henry, Manchester.
James, Jas. B., L.S.A., Llandovery, Carmarthenshire.
Male, Henry Davis, L.R.C.P. Lond., Yeovil, Somerset.
Maybury, William Augustus, Frimley.
Morris, William Jones, Portmadoc.
Noakes, Samuel S., Newhaven, Sussex.
Peacock, Henry G., Gloucester.
Pinder, John W., L.R.C.P. Edin., Horsforth, near Leeds.
Roberts, William, St. John's-wood.
Roy, Gopaul Chunder, M.D., Calcutta.
Smith, Edwin, Birmingham.
Wallis, Ferdinand, Bessborough-gardens.
Webb, Thomas L., Ion-bridge, Salop.

Eighteen other candidates were examined on the above-named days, nine of whom passed in Surgery, and when qualified in Medicine will be admitted Members; the remaining nine failed to satisfy the Court, and were referred for six months' further professional study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 28th and May 5th:—

Blacker, Walter Campbell, Ifield Vicarage, Crawley.
Field, George Purdey, Sussex-gardens.
Grigson, Robert Edward, Watton, Thetford, Norfolk.
Latley, Arthur, Cambridge-place.
Lidbetter, Thos. George, Cliftonville, Brighton.
Morton, Samuel, Sheffield.
Packman, Augustus T. Vance, Sheffield.
Walsham, Wm. Johnson, Tyndall-place, Islington.

As Assistants in Compounding and Dispensing Medicines:—

Bell, James, The Orchard, Ambleside.
Boden, Samuel, Royal Asylum, Chelsea.
Hellings, Henry, Neath, Glamorganshire.
Thompson, John Thomas, Richmond, Yorkshire.

The following gentlemen also on the same days passed their first professional examination:—

Lionel Beech, of the London Hospital; John Allan Lycett, of Middlesex Hospital; E. G. Russell, Henry J. Waller Barrow, and Frank Edward Barrow, of Guy's Hospital; Thomas Dickson, of St. Thomas's Hospital.

UNIVERSITY OF LONDON.—The following is the list of Graduates who received the higher Honours from the Chancellor after the opening ceremony on Wednesday last:—

FIRST B.SC. AND PRELIMINARY SCIENTIFIC (M.B.) EXAMINATIONS.

Henry Septimus Bott, Owens College. Disqualified by age for Exhibition in Chemistry and Natural Philosophy.
Marcus Manuel Hartog, University College. Exhibition in Botany.
Edward Albert Schafer, University College. Exhibition in Zoology.

FIRST M.B. EXAMINATION.

Ernest Alfred Elkington, Queen's College, Birmingham. Exhibition and Medal in Anatomy.
Henry Edward Southee, Guy's Hospital. Medal in Anatomy; Exhibition and Medal in Organic Chemistry and Materia Medica and Pharmaceutical Chemistry.
Thomas Jones, Guy's Hospital. Medal in Organic Chemistry and Materia Medica and Pharmaceutical Chemistry.

M.B. (HONOURS).

Evan Buchanan Baxter, King's College. Scholarship and Medal in Medicine; Medal in Obstetric Medicine.
John Davies Thomas, University College. Medal in Medicine; Scholarship and Medal in Obstetric Medicine.
James Reginald Stocker, Guy's Hospital. Scholarship and Medal in Forensic Medicine.
Edwin Rayner, Paris and University College. Medal in Forensic Medicine.

B.S. (HONOURS).

Clement Dukes, St. Thomas's Hospital. Medal in Surgery.

M.S.

Thomas Michell, London Hospital.

M.D.

Henry Charles Hilliard, Guy's Hospital. Medal.

THE "London Gazette" of Tuesday announces the appointment of Arthur Mitchell, M.D., to be one of the paid commissioners in lunacy for Scotland, in the room of Alexander Francis Brown, M.D., resigned.

THE annual dinner of the Newspaper Press Fund will take place this (Saturday) evening, at Willis's Rooms. Several members of both Houses of Parliament, and many distinguished representatives of art, science, and literature, have signified their intention to be present, and a most successful gathering is anticipated.

MUNIFICENT LEGACY.—John Brenchley, Esq., has bequeathed £10,000 to the West Kent General Hospital, Maidstone.

SMALL-POX IN PARIS.—This terrible disease seems increasing in intensity in Paris, as we hear that last week no less than 2000 cases of it were under treatment, and that the fatal cases during that period amounted to 160, the largest number yet recorded.

Births, Marriages, and Deaths.

BIRTHS.

BUTT.—On the 6th inst., at South-street, Park-lane, the wife of William F. Butt, M.R.C.S., of a son.
HUNTER.—On the 5th inst., at Edge-hill House, Forres, Morayshire, N.B., the wife of Wm. B. Hunter, M.D., C.M., of a daughter.
MILES.—On the 5th inst., at Plympton, Devon, the wife of George Miles, Surgeon, of a daughter.
PATTERSON.—On the 6th inst., at London-street, Glasgow, the wife of Alex. Patterson, M.D., of a son.
POWLES.—On the 7th inst., at Cassland-road, South Hackney, the wife of Wm. Powles, M.R.C.S.E., of a daughter.
WILLSON.—On the 1st inst., at Wendover, the wife of Henry Willson, M.R.C.S., of a daughter.
WOOD.—On the 3rd inst., at Shirley-road, Southampton, the wife of Dr. Wood, of a son.

MARRIAGES.

ESDAILE—DOBELL.—On the 10th inst., at St. George's, Hanover-square, William Crowder Esdaile, Esq., of Grove Lodge, Hendon, to Mary, eldest daughter of Horace Dobell, M.D., of Harley-street, London.—No Cards.
LYDALL—FRENCH.—On the 11th inst., at St. Steven's, Westbourne-park, Dr. Wykeham H. Lydall, of Mecklenburgh-square, London, to Sarah Eleanora, daughter of the late Capt. J. T. W. French, R.N., of Ripplevale, Kent.—No Cards.

DEATHS.

BISSON.—On the 27th ult., at Ann's-place, Guernsey, Nicholas Headley Bisson, M.R.C.S.
COLLIER.—On the 6th inst., C. Collier, F.R.C.P., of Fitzroy-square, aged 84.
COLLIER.—On the 17th ult., at Sea, off the Azores, on his return from New Zealand, John Lister Collier, M.R.C.S.E., of Swinton, near Manchester, late Surgeon of the Ship "Otago," aged 23.
GELDART.—On the 8th inst., G. W. Geldart, M.R.C.S.E., of North Shields, aged 36.
JEPHSON.—On the 7th ult., at Mean-Meer, Bengal Presidency, W. Holmes Jephson, M.D., aged 49.
JONES.—On the 29th ult., at Chapter-road, Newington, Surrey, of malignant scarlet fever, Frank William, the eldest son of Robert William Jones, L.R.C.P.E., of St. Thomas's Hospital.
LAWRENCE.—On the 20th ult., at Bath, A.S. Lawrence, M.R.C.S.E., formerly of Clifton, aged 59.

BOOKS ETC. RECEIVED.

Mr. Rolleston on Forms of Animal Life.
Mr. Lankester on Comparative Longevity.
Dr. Jones, Life and Letters of Faraday. Vols. I. & II.
Mr. Henry Lee on Practical Pathology. Vols. I. & II.
Dr. Guy on Public Health.
Mr. Procter, Other Worlds than Ours.
Dr. Chapman on the Medical Institutions of the United Kingdom.
Dr. Inman on the Restoration of Health.
Mr. Watson on Abscess and Tumours of the Orbit.
Annual Report of the Southport Convalescent Hospital.
M. Colin: Traité des Fièvres Intermittentes.

Medical Diary of the Week.

Monday, May 16.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, May 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Blackie, "On the Principles of Moral Philosophy."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Dr. Peacock: Aneurism of Aorta; Perforation of Vermiform Appendix. Dr. Dickinson: Lymphoid Growth in Spleen. Dr. Quain: Malignant Disease of the Pylorus. Dr. Bristowe: Hæmorrhage on Surface of Brain; Peritoneal Cancer. Dr. Murchison and Dr. B. Sanderson: General Lymphadenoma. Dr. Greenhow: Pearl-button-maker's Lung. Sir H. Thompson: Vascular Tumour of Bladder. Dr. Leared: Cancer of Kidney;—&c. &c.

Wednesday, May 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 3 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, May 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Clinical Discussion.

Friday, May 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Williamson, "On Atoms."

Saturday, May 21.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Comets."

Notes, Short Comments, and Answers to Correspondents.

L. O. P. D. continues his laudable efforts towards the stamping out of quackery. One of the latest dodges of those *chevaliers d'industrie* is to send an accomplice to a locality at some distance from the quack-shop. On his arrival, this emissary announces in the local paper that a "gentleman" will send, post-free, the recipe by which he was cured of (say) "nervous debility." The so-called recipe is certain to contain the names of plants unknown to botanical treatises; or, if they are known, the quack asseverates that, as sold by the druggist, they are "mere trash," and are to be had "genuine" only of him. The "gentleman" who has been cured sends as the recipe a quack publication, the author of which in a day or two thereafter writes to its recipient, stating that he will forward the medicine on receipt of an order. Our correspondent furnishes us with illustrative instances, which prove very clearly that if the press would systematically exclude all quack advertisements, the "irregular practitioners" would become as rare as the dodo. A suggestion of our correspondent's deserves consideration—1st. Let the Medical Council procure the names and addresses of all the advertising quacks. 2nd. Let those be printed in red letters, neatly framed, and sent to every respectable institution where young men congregate, to be hung up in a conspicuous place.

Dr. Henderson's (Shanghai, China) communication has been received; but the subject has been already discussed. He is to be congratulated on the success of his efforts.

J. T.—We think that the circumstances alluded to by our correspondent are of a very unprofessional character, and that he has exercised a wise discretion in acting as he has done.

PROF. HUXLEY'S ADDRESS TO THE YOUNG MEN'S CHRISTIAN ASSOCIATION, CAMBRIDGE.

IT is impossible to read a production of Professor Huxley's without more than ordinary interest. He is in an eminent degree gifted with intellectual courage, and he has much humour and a considerable dash of sarcasm in his composition. Disdaining the art of elegant fencing, so fashionable in these days of magazine writers and readers, he goes in for hard hitting. The power of perspicuous exposition has been one of the chief characteristics of the John Stuart Mill school, and a source of their strength and their weakness; and so it is with Prof. Huxley's courage and the vigour of his style. A reader can scarcely fail to trace in his controversial writings a kind of intolerance and an absence of intellectual sympathy with an adversary's position. This was sufficiently apparent in what he wrote about the Irish race. The address delivered by him to the Cambridge Young Men's Christian Association, published in the current number of *Macmillan*, will well repay perusal. The fact that it was delivered before such an Association is in itself interesting. Mr. Huxley, adverting to a certain discourse delivered by him, which, as he tells us, brought a storm about his head, said he thought it well to prove to his hearers that his views were but the ultimate development of those held by the father of modern philosophy. What are the respective provinces of physics and metaphysics, and how their reconciliation is to be brought about, form the main subject of a sermon, of which the text is Descartes and his "Discourse touching the method of using one's reason rightly, and of seeking scientific truth." Mr. Huxley labours to prove that of the two paths opened up to us in Descartes' "Discourse upon Method," the one leads, by way of Berkeley and Hume, to Kant and Idealism; while the other, by way of De la Mettrie and Priestley, to Modern Physiology and Materialism. One stem divides into two branches, which grow in opposite ways, and bear flowers which look as different as can well be.

> "If a botanist found this state of things in a new plant, I imagine that he might be inclined to think that his tree was monœcious—that the flowers were of different sexes, and that so far from setting up a barrier between the two branches of the tree, the only hope of fertility lay in bringing them together. I may be taking too much of a naturalist's view of the case, but I must confess that this is exactly my notion of what is to be done with metaphysics and physics. Their differences are complementary, not antagonistic, and thought will never be completely fruitful until the one unites with the other."

Prof. Huxley is both very fond of and happy in his illustrations drawn from natural science; and he is so in this address when describing the mechanism of what takes place in our bodies under certain circumstances to which he refers. The article will possess an interest, moreover, for those of our readers who are following Dr. Maudsley in his admirable lectures. We venture to make an extract, by which it will be seen that Prof. Huxley, by an exercise of the idealistic faculty, places himself in a very materialistic position—viz., that of a clock wound up by some moral and intellectual key, so as to go all right. There is a kind of droll force in the picture in connexion with Mr. Huxley's character. What a moral and intellectual "ticking" he would give!

> "I protest that if some great Power would agree to make me always think what is true and do what is right, on condition of being turned into a sort of clock, and wound up every morning before I got out of bed, I should instantly close with the offer. The only freedom I care about is the freedom to do right; the freedom to do wrong I am ready to part with on the cheapest terms to anybody who will take it of me."

Subscriber.—If our correspondent will refer to THE LANCET of October 2nd and subsequent numbers, he will find the required information.

THE PROSPECTS OF MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—With regard to the Medical Bill, it seems curious how things are gradually settling down into the old groove, so that the result will be little change, and, if possible, perhaps still less advantage, from the proposed legislation.

I am told that the Universities are to graduate independently of the General Board, and that their examination in medical science is to supersede that of the Board. The old examiners will thus continue in office, teachers will examine their own pupils, and students will attend lectures to acquaint themselves with the hobbies of their teachers. Lord De Grey may find that all his labour has been in vain, and discover his error in asking the unwilling assistance of Corporation representatives. It is painful to contemplate the amount of money that has been spent in such unprofitable discussions. I am curious to see what you will now say to medical reform.

Yours obediently,
May, 1870. EXPERIENTIA.

M. PASTEUR.

THIS distinguished physiologist has published, in two volumes, a work on the "Diseases of the Silkworm." It is accompanied by numerous plates, illustrative of the pathology of its peculiar maladies, and of the microscopic changes in the tissues.

M. R.—1. It is a useful book.—2. He would have to pass the Pharmaceutical Society.

METROPOLITAN MUTUAL MEDICAL AID SOCIETY.

WE have been asked to publish the following:—

> At a general Committee meeting of the proposed Metropolitan Mutual Medical Aid Society, it was resolved that the Prospectus, which has not yet been publicly issued, requires revising, and that it be so revised with a view to its being further considered at a future meeting of this Committee before being made public. (Extracted from the Minutes.)
>
> HERBERT STODDART, Secretary *pro tem.*
>
> 75, Old Broad-street, May 12th, 1870.

SOUTH DEVON HOSPITAL.

Is there any truth in the statement, made in a Western Counties paper, that a man, with his leg broken in three places, was brought to the South Devon Hospital at one o'clock in the morning, and received no attention but that of the nurse till eleven, some ten hours after admission? Such announcements, if allowed to circulate uncontradicted, do great harm to the profession in general, and to medical charities in particular.

Ignotus.—Our correspondent proposes a yearly licence to medical men to practise on the payment of an annual sum; the fund so raised to be applied to prosecute offenders against the Medical Act. We must object *in toto* to this proposal, making the licence to practise like a gun licence, or a licence to sell pepper. A man is supposed to get his licence to practise medicine on the simple ground of his knowledge and competency, and this, once possessed, is his inalienable property and possession. To have to pay a yearly tax to continue the right of practice would be at once undignified and unjust.

Ventilator.—The Construction of Hospitals, by Douglas Galton, published by Macmillan.

MEDICAL RELIEF IN BIRMINGHAM.

To the Editor of THE LANCET.

SIR,—As you have allowed me the use of your columns for the purpose of bringing before the medical service, the profession generally, and the public the proceedings of the guardians of Birmingham in relation to the subject of out-door medical relief, I may perhaps be permitted briefly to inform your readers that the Poor-law Board, on the 3rd instant, addressed a letter to the guardians, in which they state "that the evidence furnished by the guardians and medical officers themselves does not furnish any sufficient grounds for supposing that the present five medical officers cannot efficiently discharge the duties which they are required to perform, assuming no material increase of those duties takes place. At the same time the Board cannot conceal from the guardians that the present medical staff appears to be constituted upon a minimum scale," &c.

The Board then goes on to point out "that the efficiency of the present arrangements can be greatly increased if the guardians will undertake to establish one or more dispensaries in the town, inasmuch as the adoption of this system would lighten the duties of the medical officers, and enable them to devote more of their time to domiciliary visits, and, by rendering it unnecessary for them to supply drugs, would remove to a certain extent the dissatisfaction of the medical officers with the alleged inadequacy of their remuneration."

The Board then goes on to intimate, that if the guardians will decide on establishing one or more dispensaries in the principal parts of the town, they will raise no objection to the appointment of the present medical officers on the terms suggested by the guardians.

Finally, the Poor-law Board informs the guardians that an order will shortly be issued to all parishes, extending the provisions of the order of May 25th, 1857, securing permanence of appointment to medical officers, and which has hitherto been limited to union appointments only.

In commenting on this communication, I will here state that, from information I have obtained, I am satisfied that it would not have been difficult to show that if all the facts connected with the arrangements for medical relief in the town had been fairly put before Mr. Goschen, a much more sweeping condemnation of the guardians' proceedings would have been come to. It was evident from the first that the guardians were resolved to put the best face they could on the matter; and as their medical officers were only annually appointed, and therefore entirely at their mercy, putting forward their expressions of ability to perform the duty required of them was simply absurd. The only wonder is that they had the courage to express as much as they did. On the whole, however, I feel that a substantial gain has been obtained. The guardians now know that the appointments will only be confirmed on the understanding that dispensaries are established, and, further, they will be deprived in future of the power of summary dismissal of their medical officers by the extension of the order of permanence of appointment to the parish of Birmingham.

It is worthy of notice that the letter to the guardians on this occasion is signed H. Fleming, Secretary, which is an indication either that this gentleman has for once promptly done what he has been told to do, or that he is gradually waking up to a full sense of the importance of rendering medical relief more efficient. Whichever estimate be correct, there can be no doubt that much credit is due to Mr. Goschen for his conduct in this matter, especially when it is remembered how much opposition has always been made by the permanent staff to any and every concession to the medical service.

I am, Sir, yours obediently,
Dean-street, May 11th, 1870. JOSH. ROGERS.

Dr. Garrett, of Hastings, with the view of preventing a mistake that is frequently made, asks us to say that the lady of that name is not in any way related to him.

Alpha.—1. All officers holding H.M.'s commission can use the cockade.—2. They must get some one to present them.

Mr. Bickerstetb's important paper shall, if possible, appear next week.

AN EXPLANATION.

To the Editor of THE LANCET.

SIR,—In your issue for April 30th, you have a paragraph on a case of extirpation of clavicle, and drawing attention to a gross puff of the case. I have already written to you, denying any complicity in the matter; but as I do not see the insertion of my denial in your journal for May 7th, I beg to solicit the insertion of this one, as I feel sure you would not wish any medical man to rest under such an imputation when innocent. I will only say that I had nothing whatever to do with the paragraph in question *either directly or indirectly*. Moreover, I have been at the trouble of ascertaining its source, and find that it was not even put in "by an indiscreet friend of the operator," but was sent by the ordinary local correspondent as a paragraph of news, the materials for which he derived from various sources, and put them in form himself, and he tells me he had no thought of either puffing me or annoying me by making more of the case than it merited.

I am, Sir, yours very truly,
Driffield, May 11th, 1870. THOS. BRITTON.

"HOSPITAL SUNDAY."

THE various articles which have lately appeared in THE LANCET on "Hospital Sunday" have been reprinted in the form of a pamphlet by Mr. Lowndes, M.R.C.S., and Dr. Cameron, of Liverpool, for circulation in that town. We have reason to believe that, through the exertions of these gentlemen, matters have been put in train for an energetic attempt to move public opinion on the subject in Liverpool. The work is evidently in good hands, and we trust it may be successful.

A Young Physician and Surgeon would not be required to pass the examination of the new Board. He is entitled to registration under the Act of 1858, which would not be abolished, but only amended, if the Bill were to become law. In this event it will be illegal for any person to practise medicine or surgery for gain who is not registered under the Medical Acts 1858 to 1870.

THE communication of *Medicus* is not suited to our columns.

THE TREATMENT OF PSORIASIS BY CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 23rd ult., Dr. Liveing, of the Middlesex Hospital, refers to my article on the "Treatment of Psoriasis by Carbolic Acid," published in your impression of the 19th March last, and says that he has "nothing to say against" my "treatment, because," he says, "I believe it to be the best that can be adopted;" but, he adds, "it is almost valueless as a means of testing the use of carbolic acid," and asks, "Who can say how much effect has been produced by the arsenic?"

Now, in reply, I have merely to refer Dr. Liveing to the paper itself for the explanation required, where it says that in a large number of cases the disease depends upon constitutional causes that have been remedied; that are no longer in operation; that have now become passive, *but have left behind a depraved state of the skin sufficient to perpetuate the disease indefinitely, irrespective of all constitutional causes.* The inflammatory process with which it is always ushered in so alters the part affected as to require certain local applications to restore it to its original functional activity, *and it is in this respect that we find carbolic acid acts such an important part in the treatment*, and, we might add, the entire treatment of the disease. Is this "valueless" as a means of testing the use of carbolic acid? and cannot everyone say that the effects produced are entirely due to the carbolic acid, and not to the arsenic or any other constitutional remedy that may have been employed?

If the internal administration of carbolic acid be of such importance in averting the constitutional tendency to the disease as Dr. Liveing's observations would imply, then I maintain that the endermic application of the acid has the advantage of acting directly on the diseased part, and indirectly in averting the constitutional tendency through cutaneous absorption.

When I say that there is "an obvious constitutional tendency to gout," I merely use Dr. Aitken's words, and acquiesce in his views; and dyspepsia in some form or other is *always present* as a general rule, and even precedes an attack of psoriasis, as it does eruptions and cutaneous diseases in general; the relationship subsisting between the skin and intestinal mucous membrane being so close that when the one becomes affected the other likewise suffers.

In regard to constitutional treatment, I hold that the object in view is to remove the predisposing cause—that which gives rise to the local manifestation of the disease—by the administration of arsenic, copaiba, carbolic acid, creasote, or whatever is best calculated to produce the desired effect; and as regards the local manifestation of the disease, the same rule holds good, and no external application within the reach of the physician will be found more serviceable than carbolic acid in psoriasis.

I remain, Sir, yours truly,
Loch Inver, May 5th, 1870. JOHN M'NAB, M.D. Edin., &c.

T. F. F., (Ross.)—The Poor-law fee is for the entire attendance, not for the first visit to the broken limb; and the guardians are bound by the order of their own officer, and must pay.

Mr. Wood's request will receive attention.

J. B., (Newcastle-on-Tyne.)—We cannot give opinions on purely legal questions. Consult a respectable solicitor.

EXAMINATION OF THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

To the Editor of THE LANCET.

SIR,—Some weeks ago you stated that Medicine, Midwifery, Materia Medica, and Jurisprudence were only accessory branches for attaining the Surgical licence of the Glasgow Faculty. Allow me to state, on good authority, that the tables are now completely reversed. The above-mentioned subjects at one examination occupied five hours; while only four questions were put on Surgery, and even these not general ones. Comment is unnecessary.

Yours, &c.,
May, 1870. COGNOSCO.

THE *Eastbourne Chronicle* of Saturday last has a report of a public meeting lately held in that town in reference to local matters; but we are obliged to defer until next week the comments we have to make on the proceedings.

H. E. S., M.D.—We think our correspondent would scarcely be able to substantiate his claim to the fee for the post-mortem.

KIRBY'S READY METHOD MEDICINES.

To the Editor of THE LANCET.

SIR,—As medicines coated by Kirby's process are becoming extensively used, it is important to ascertain the degree of their solubility. I therefore give you the following facts:—

On April 18th, at 10.30 A.M., I gave two one-grain calomel granules to a child. At 7.30 P.M., as no aperient action had taken place, the mother induced a motion by rolling up a piece of paper, and pushing it up the anus, and withdrawing it. In the motion were the two granules undissolved, though swollen and soft.

Yours faithfully,
Framlingham, April 25th, 1870. GEO. E. JEAFFRESON.

G. B., (Bradford.)—1. There is nothing in the Bill to prohibit qualified members of the profession having unqualified assistants, and even using them to conduct branch practices.—2. The unqualified assistant will have no status under the new Act.—3 and 4. The Bill will not operate retrospectively, and men with one qualification will be registerable as now, and, as now, only qualified in one branch. Eligibility to a public institution depends on the rules of that institution. An apothecary is not a qualified surgeon; but provision is properly made in this Bill for a special examination in favour of persons with an imperfect qualification. The second paragraph of the penal clause would seem to make the use of any medical title other than the one conferred by a diploma held an offence. *Mr. Skegg's* suggestion shall be adopted.

MEDICAL ETHICS AND MEDICAL REFEREES OF INSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I am one of the medical referees to the Railway Passengers' Assurance Company, and my attention was attracted to the correspondence between Mr. Nursey and Mr. Maling, and your strictures thereon, published in THE LANCET of April 23rd. I have been a reader of your journal for many years, and am fully persuaded of your wish to uphold the dignity and promote the welfare of the medical profession, and you may feel assured that the remarks which I trust you will let me make on this case are indited in kindness, and intended to be conciliatory.

I think Mr. Nursey has taken offence without good reasons, such as injury done or intended, or disrespect implied. He appears to be labouring under a mistake, because he says to Mr. Maling, "I cannot see for one moment what your appointment as medical referee to the Accidental Assurance Company has to do with the question at issue." On further consideration, I hope Mr. Nursey will see that this circumstance is the thing, and the only thing, that has to do with the question. Mr. Maling appears on the scene as the agent of the Society, and his professional skill is exercised abstractedly on behalf of the Society. John S—— receives an injury, and makes a claim on the Society, at the same time stating, I presume on the usual printed form, that the medical referee of the Society can see him at his (the claimant's) residence at any time; and the Society exercises a right, which I think no one can dispute, of sending their medical referee to see that the claim is *bond fide*. I think there is as much reason that this medical referee should give an unbiassed and separate opinion as when certifying for life assurance, where the medical officer of the Society and the regular medical attendant of the assured each makes his separate examination, and gives his separate opinion; also, as in the case of certifying to the need of confinement for a lunatic, where the law is peremptory that the examinations and written opinions must be unbiased and separate. Medical men do not cavil at this law, because a statement of facts only is involved. So it is with the medical referee in a case of accident. He has simply to certify facts. He has nothing whatever to say about treatment. If it were his duty to comment on treatment, then, of course, he should request a consultation, and hear the reason of such treatment; or if the case is obscure, and he cannot come to any conclusion without the assistance of the medical attendant, he should ask his assistance. The medical referee would not remove splints to the injury of the patient, or interfere in any way to the disparagement of a professional brother.

I believe Mr. Maling has acted in this spirit, and does not deserve the severe censure you have passed on his conduct. As regards the Society, medical men may rest assured it does not wish to give offence, but to behave with respect and liberality to all with whom it has to do.

Your obedient servant,
W. W. SAXTON, F.R.C.S. Lond.,
Medical Referee to the Railway Passengers' Assurance
Market Drayton, May 2nd, 1870. Company.

J. C. S.—We are sorry that our limited space does not enable us to comply with the wishes of our correspondent. He may easily see one of these diplomas. They are plentiful.

Inquirer.—No fixed rule exists beyond requiring at least one qualification of some kind.

CHEAP DOCTORING.

To the Editor of THE LANCET.

SIR,—On referring to my letter in your impression of April 16th, I do not find the "insult to practitioners in general, and to those in my own district in particular," of which "Vindex" complains. My object was to defend time-honoured and useful institutions from certain attacks recently made upon them, and to show that they are an immense boon to the poor, because, being supported by the donations, subscriptions, and legacies of the middle and upper classes, they can furnish, *gratuitously*, advice and medicines such as no doctor (unless he be a wealthy philanthropist) can afford to supply for a few pence per head weekly! I believe also that they do the private practitioner a great service by ridding him of a class that would only swell his list of bad debts—viz., working men and women, who can barely obtain the necessaries of life, and who have not a penny to spare for the doctor. These people do not need parochial relief, for they can just maintain themselves; but in sickness they require precisely what our dispensaries offer them—namely, gratuitous advice, visits, and medicines. There is a class of people below these who cannot get food, and a class above them who can pay for both food and physic; the former should apply to the parish doctor, the latter to the private practitioner, and as a matter of fact and experience I find they do so. I can call to mind only two cases of abuse of the Surrey Dispensary in seventeen years. One applicant was a master baker, the other a publican, and both were refused the relief they applied for. The paying classes fairly belong to the private practitioner, who ought to adhere to the respectable, old-fashioned fee, varying from 2*s.* 6*d.* to 5*s.*, and not condescend to low terms and practices, which deceive the public, and disgrace the profession of medicine! I enclose a specimen of the "*placards*" to which I alluded in a former letter, and I am sorry to say I have seen in the surgery of a qualified man even *lower* terms than those, printed in large type on a large board, hung in a conspicuous place. Against such practices I maintain it is the duty of every medical man who regards his profession as something higher and nobler than a trade to protest.—Yours truly,

D. HOOPER, Physician to the Surrey Dispensary.
Trinity-square, S.E., May 8th, 1870.

A. M. D., (Ireland.)—Disinfectants will not go to the root of the matter; they can only serve a temporary purpose. Cesspits are, and always must be, objectionable; and it is by a proper system of drainage alone that our correspondent can remedy the evils complained of. A solution of carbolic acid, in the proportion of one or two per cent., may in the meantime be used with advantage.

ON PAPER AS A MATERIAL FOR IMMOVABLE APPARATUS.

To the Editor of THE LANCET.

SIR,—The use of paper as a substitute for starched and other bandages was first suggested by M. Langier, and subsequently by Michon; but it never appears to have been generally adopted, perhaps in consequence of the complexity of their method of procedure, and the intolerable itching their apparatus always produces. The subject is alluded to in one English text-book, but so very briefly that it seems to have attracted no attention; and as I have found the following modification of the French plan very convenient in the later treatment of fractures, especially among the poorer classes, I venture to describe it here.

A quantity of waste paper having been collected, the patient is desired to amuse himself by cutting it into strips a foot in length by two inches in width. Twenty or so of these are soaked in cold water for about ten minutes, and a pot of paste, a brush, and a bit of board are placed close at hand. The limb is first enveloped in the wet unpasted strips, wound spirally round; these adhere by their moisture, creases and irregularities being of no consequence, as they can be readily smoothed down with the hand. A dry slip is now taken, laid on the board, dabbed with the paste-brush, and applied over the damp paper, which is then covered up with more strips pasted in the same way. As many successive layers are put on as may seem necessary—three are usually enough,—and then a piece of roller may be applied over all. If extra strength is needed anywhere, some folded slips may be pasted on longitudinally, or the damp paper may be scored lengthways with the edge of a penny, the grooves thus formed drying into little buttresses, which are stiffer than would be supposed.

The advantages of this apparatus are many. It costs nothing, and the materials may be had anywhere at a moment's notice. Its application is cleanly, the surgeon does not require even to turn up his cuffs, and need not daub his clothes and his eye-glass with flakes of cotton and blotches of starch or plaster. It may be put on in a few minutes; it dries rapidly, and is very light and unyielding. Lastly, it shrinks as it dries, and does not become too large for the limb like the starched bandage, and consequently does not require to be slit up with Scultin's scissors, removed, trimmed, and reapplied—a process surely a drawback to the utility of an immovable apparatus.

Yours truly,
MAXWELL REILLY,
April, 1870. Surgeon to the Wigan Union Infirmary.

UNQUALIFIED ASSISTANTS.

Dr. David Leslie and other correspondents direct our attention to the fact that the new Bill does not prevent a qualified practitioner giving the protection of his qualification to unqualified assistants, in virtue of which they conduct branch practices, often at a great distance from the house of the principal. Dr. Leslie proposes to insert the following clause.

"And be it enacted that no person registered under the Act called the Medical Act, V.R., cap. 90, 2nd August, 1858, shall assent to, authorise, or permit, his or their name to be put on or over any door, window, or house whatever for the purpose of carrying on, or permitting to be carried on, any branch of the medical profession otherwise than and excepting only on their own or his own residence—the word residence to mean the house wherein such person or persons reside."

THE HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—Your correspondent will find that tincture of orange is the only drug which at all improves the flavour of chloral hydrate in solution. The spirit of peppermint certainly disguises it to a great extent, and, if its own taste recommend itself, is all that can be desired. This is too seldom the case to admit of its general use in private practice. It seems, in point of fact, to be not so much the flavour of this substance as its peculiar pungency which is objected to; accordingly it should be given in plentifully diluted solution. The preparation which I am in the habit of using (and which is procured of Mr. Michael E. Foster, of Bishopsgate-street Without), although most extensively administered, and in various forms of prescription, has never called forth any remarks from my patients when exhibited in the foregoing manner. On inquiry, its taste has been described as not more than ordinarily unpalatable, sometimes as only not agreeable.

Regarding Messrs. Howe and Co.'s observations, this should be important testimony to the purity of this preparation, and, under these circumstances, I have been a little surprised at the difficulty experienced in procuring its pleasant administration. I am, Sir, yours, &c.,
Caledonian-road, April 30th, 1870. J. ASHBURTON THOMPSON.

To the Editor of THE LANCET.

SIR,—The result of my experience in dispensing chloral hydrate is, that, where not objected to, peppermint water is the best flavouring agent, with these qualifications—viz., it must be made from the English oil, and used sparingly, otherwise it increases the pungency of the chloral. Chloral hydrate, twenty or thirty grains; peppermint water, two drachms; syrup, two or three drachms; water to one ounce and a half,—will be found to make an unobjectionable draught. I think syrup preferable to glycerine, as suggested by some.

May I, as a pharmacist, suggest to prescribers the desirability of ceasing to employ the term "chloric ether," representing, as it does, a variety of different formulæ, containing from 1-8th to 1-30th of chloroform in solution. Spiritus chloroformi of the British Pharmacopœia is precisely the same preparation of a definite strength (1-20th), and I believe many chemists, like myself, are now using it entirely. But if medical men would order it in their prescriptions by the new and more correct name, a uniformity would be ensured on which they cannot at present depend by continuing to use the old name, "æth. chlor.," the strength of which differs considerably, even in pharmacies of repute, each having its own formula.—Yours truly,
Scarborough, May 2nd, 1870. JOHN WHITFIELD, F.C.S.

Mr. J. Harnett.—The order must be interpreted without reference to the necessities of the case. It would be unjustifiable to let a man die, when an operation might save his life, because a second opinion is required. Operate, and get the opinion afterwards; and if the guardians refuse to pay, petition the Poor-law Board, or put the guardians in the County Court.

THE paper of *Mr. Arthur E. Davies* (Manchester) on "Bromide of Potassium" shall receive insertion next week.

THE NEW TITLE.

To the Editor of THE LANCET.

SIR,—It is important for medical students to know whether, under the new Act, they will be permitted to style themselves "Physicians and Surgeons," or whether they will have to pass another examination at one or both Colleges in order to procure the above titles. It would appear strange to see on the door-plate of a medical man "Licentiate in Medicine and Surgery." The short title "Surgeon" is so well understood by the public that it would be advisable, if possible, for the College of Surgeons to permit the use of the title by transference, on payment of a small fee to the College, after passing the general Board, or some such arrangement. There are some practitioners who would, perhaps, prefer the title of "Physician" to that of "Surgeon;" but that would be an act of injustice towards the Fellows and Members of the College of Physicians, who have expended so much extra time and money to obtain that designation. The Fellows and Members of the College are already deeply indebted to you, Sir, for pointing out the injustice of creating physicians at a reduced price, with all the external professional privileges as the Fellows and Members, who are under great restrictions. In justice, however, to the London College, it is evident that the Edinburgh College took the lead in combining the physician and the general practitioner at a reduced price; and the former College was under the necessity of competing with the latter College by creating the third-class physicians, without considering the injustice towards the Fellows and Members. Then, again, on the other hand, we must not forget that the University of St. Andrews manufactured "Doctor Physicians" at a cheap rate, by admitting any member of the College of Surgeons or the Hall to examination by simply producing the diploma, without any additional medical practice, as required by the London College of Physicians, in addition to being not less than twenty-five years of age.

If the general practitioner is to become a physician, I would suggest that the College should abolish the bye-law as relates to the restrictions, and make all the licentiates members, by allowing them the same privileges to practise as graduates in medicine, who are not restricted. The latter are permitted to practise as physicians and general practitioners, and to hold appointments in provincial hospitals and infirmaries, unless excluded by any bye-law (as they should be) not to practise as general practitioners if they hold the office of physician.

The Colleges of Physicians should raise the standard of examination to that of the Universities for the degree of M.B. or M.D.; but if a bye-law is required by the Colleges to raise a Member to the Fellowship, it should run as follows:—No Member of the College shall be eligible for the Fellowship if he has been in general practice within the last ——years. And if after becoming a Fellow he returns to general practice, his name should be removed from the list of Fellows, and placed in the list of Members, and registered accordingly. I am, Sir, your obedient servant,

May, 1870. A PHYSICIAN.

To the Editor of THE LANCET.

SIR,—I have resided for more than twenty years abroad, and returned lately to this country. In looking into the different medical journals, I see a new Medical Bill is at present occupying the attention of the profession, and that it is proposed to adopt the term "Licentiate" for those who pass what is called the "minimum" examination.

Now, I beg to state, for the good of the profession generally, but more particularly for those who may have to establish themselves in foreign countries, that in Spain, in Central and South America, and all Spanish countries at least, the term "Licentiate" is not considered a title. It is simply a toleration or temporary permission to practise for some special reason; and the unfortunate possessors of such a certificate would not only find themselves excluded from the privileges of their Universities, but would be looked down upon as an inferior class to the practitioners of those countries, and, in fact, would be prohibited altogether from the practice of the profession. As a comparative stranger in my own country, I have been surprised and grieved to see such a sweeping measure apparently about to be carried into effect, and, still more, that the dignity and independence of the profession seem now doomed to destruction, its rights and privileges being coolly usurped by the Privy Council; and that this should be submitted to without the whole of the profession, to a man, rising up against it, is to me very astonishing. I know from experience the lamentable consequences which result from the medical profession being put in any way under the control of the State in some countries that I have visited; and I strongly recommend my professional brethren to set their shoulders to the wheel before it be too late, and endeavour to prevent such degradation and humiliation by calling meetings in every part of the country, and loudly, strongly, and emphatically making their opinions known.

Your obedient servant,

May 5th, 1870. M.D.

Mr. W. H. Stretton, (Beverley.)—Probably a copy of the Army Medical Regulations, issued by the War Office, would answer our correspondent's purpose. We really cannot forward private answers.

SALIVATION DURING PREGNANCY.

To the Editor of THE LANCET.

SIR,—Can any of your readers kindly help me in the treatment of a case of excessive salivation occurring in, and due to, pregnancy?—Yours truly,

May 6th, 1870. M.D. LOND.

*** It might be well to try opium or belladonna in small doses frequently repeated, as two or three drops of Battley every two hours, or five drops of the tincture of belladonna every two or three hours. If the disease be regarded as one of the neurotic affections of pregnancy, other remedies would probably suggest themselves to the practitioner who knows the condition of the patient.—ED. L.

Mr. C. T. Winckworth.—The guardians of the Leeds Union have lately published for circulation in their locality a popular statement of the efficacy of vaccination, which was prepared for them by Mr. John Blackburn, public vaccinator of the Barnsley Union. If our correspondent will apply to the clerk to the Leeds Board of Guardians, he will, no doubt, be able to obtain a copy. The Prestwich Guardians have likewise published a pamphlet on the subject for popular use.

Mr. E. P. Fussell.—Sensational rhodomontade of the kind alluded to is beneath notice.

THE BEST WAY OF ADMINISTERING IODIDE OF POTASSIUM.

To the Editor of THE LANCET.

SIR,—In your journal of May 7th, I notice a letter by "A Country Subscriber," seeking information as to the best mode of administering iodide of potassium in cases where the ordinary dose is "ill borne." Allow me to give my experience of that drug on myself. The minimum dose of one grain of iodide of potassium produced iodism. A trial of the Woodhall bromo-iodine water was then suggested to me, which I took for some time in moderate doses. It was well borne. The symptoms from which I was suffering rapidly left me, appetite returned, and sleep was restored.

Yours obediently,

May, 1870. J. S.

An Old Subscriber.—The name is on the Medical Register, and we hope that our correspondent has been erroneously informed as to his being allied with an unqualified practitioner.

B. St. G. may procure the periodical of Messrs. Macmillan. It is published monthly, price eighteenpence.

Mr. Gomer Davies will come under the operation of the Bill if it should become law.

Dr. W. Whitehead, (Manchester.)—We will bear our correspondent's request in mind, and notice the reports when received.

ERRATUM.—By the misplacement of a line some confusion is introduced into our report of Dr. Storrar's speech on page 651 of our last issue. The fifth line of the second column on that page should, in reading, be transposed to the top.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Playfair; Mr. Wood; Dr. Beigel; Mr. Holmes Coote; Dr. Vinen; Dr. E. Crisp; Dr. Finlayson, Manchester; Mr. Howard; Mr. Pitman, Calne; Mr. Rusk; Mr. Brock; Dr. Tidy; Mr. Williams; Dr. Taylor; Mr. West; Mr. Brown; Dr. Garrett, Hastings; Mr. Bradshaw; Mr. Wallack; Mr. Warren, Canterbury; Mr. Snowdon; Mr. Nurse, Ware; Mr. Godfrey, Todmorden; Dr. Heaton; Mr. Coleman, Cheam; Dr. Hooper; Mr. Parkis, Ashbourne; Mr. Barker, Lymington; Mr. R. Woodleigh; Mr. Wade, Christ Church; Dr. Lowndes, Liverpool; Mr. Tait, Wakefield; Mr. Thomas, Carmarthen; Mr. Hawkins; Dr. Fayrer; Dr. M'Nab; Mr. Cressy; Mr. E. R. Bickersteth, Liverpool; Mr. Halkin; Mr. Colam; Mr. Merry; Mr. Jackson; Mr. Jones; Mr. Townend; Mr. Evanson; Mr. Steele; Mr. Stretton; Mr. J. Beaufoy, Cork; Mr. Kisch; Mr. M'Gowan, Ayr; Mr. Welch; Mr. Collier, Swinton; Mr. Parsons; Mr. Wedgwood; Dr. Waters, Liverpool; Dr. Domett Stone; Dr. Oppert; Mr. Willson, Wendover; Dr. Fox, Broughton; Mr. Copping; Mr. Thorne; Mr. Ramsay, Bodmin; Dr. Fussell, Brighton; Mr. Adams, Enniscorthy; Mr. Smallman; Dr. Davies, Manchester; Sir H. D. Wolff; Mr. Sutton, Braintree; Mr. Winckworth, Mildenhall; Mr. Commins, Ashby; Dr. Purdon; Dr. Macleod; Dr. Harnett, Bitterne; Mr. Pulmer; Mr. Sullivan, Dublin; Mr. Morgan; Mr. Morris; Mr. Skeet; Mr. Gregory, Sheffield; Mr. Porter; Mr. Davies, Corwen; Mr. Fagge, Lutterworth; Mr. Hall, Darlington; Mr. Wilson, Dublin; Mr. Rumsey, Peterborough; Dr. Rogers, Worksop; Mr. Kingsley, Edinburgh; Mr. Stump, Camborne; Mr. Hall, Darlington; Dr. Troutbeck, Carlisle; Mr. Gower, Merthyr; Dr. Pynell; Mr. Weston, Chesterfield; Mr. Begg, Dundee; Mr. Diggens, Stamford; Mr. Hodges, Birmingham; Dr. Dobell; Mr. Britton, Driffield; Mr. Dempsey, Coventry; Mr. Ashman; Mr. Hullah, Stone; Mr. G. Reid; Dr. Gesse; Mr. Robinson, Colchester; Mr. Carter, Hereford; Mr. Morrell, Chatham; Dr. Redwood, Rhymney; Mr. Morton Gateshead; Mr. Barber, Weymouth; Mr. Kelty, Uppingham; Mr. Cornil; Mr. Foster; Mr. Latham; Mr. Ebsworth; Royal Institution; Medicus; L. O. P. D.; A. Z.; A Sufferer; Nemo; T. B.; A Discontented Old Fellow; A Learner; G. G.; A Fourth-year's Student; M.D.; An Old Subscriber; J. H.; Cosmos; A Physician; L. A. P. D.; M.R.C.P.E., &c.; J. S.; B. St. E.; T. F. F.; A Member of the Graduates' Committee; Architectural Exhibitions Society; Ventilator; Surgeon, U.S.A.; A Young Physician and Surgeon; Sarum; Inquirer; G. H.; W. S.; W. D.; Enecia; Viator; Subscriber; Enquirens; &c. &c.

Civil Service Gazette, South Bucks Free Press, Glasgow Medical Examiner, Canada Medical Journal, Ulverstone Advertiser, Eastbourne Chronicle, Giornale Italiano, Derbyshire Times, Jamaica Guardian, Liverpool Mercury, Braintree Advertiser, Brighton Guardian, Tralee Chronicle, Brighton Gazette, Lincoln Mercury, and *Trinidad Chronicle* have been received.

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